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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization
Carilion Giles Community Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 12385

City or town, state or province, country, and ZIP or foreign postal code
Roanoke, VA 240252385

D Employer identification number
54-0549603

E Telephone number
(540) 224-5102

G Gross receipts $ 54,960,251

F Name and address of principal officer:
KRISTIE WILLIAMS
PO BOX 12385
Roanoke, VA 240252385

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CARILIONCLINIC.ORG

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

L Year of formation: 1954

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Our mission is to improve the health of the communities we serve through our commitment to a common purpose of better patient care, better community health, and lower cost.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	330
6	Total number of volunteers (estimate if necessary)	**6**	31
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,021	850,185
9	Program service revenue (Part VIII, line 2g)	35,623,201	40,979,417
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,434	389,656
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	436,995	287,083
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,289,651	42,506,341
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,177	67,426
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,315,597	20,211,253
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,682,191	20,882,190
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,056,965	41,160,869
19	Revenue less expenses. Subtract line 18 from line 12	232,686	1,345,472

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	40,889,029	49,015,367
21	Total liabilities (Part X, line 26)	67,251,501	76,947,859
22	Net assets or fund balances. Subtract line 21 from line 20	-26,362,472	-27,932,492

Part II Signature Block

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

Sign Here

****** 2021-08-16
Signature of officer Date

G ROBERT VAUGHAN JR ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-08-13		P00482834

Firm's name ▶ BKD LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT ST SUITE 1700
KANSAS CITY, MO 641062246 — Phone no. (816) 221-6300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

Our mission is to improve the health of the communities we serve through our commitment to a common purpose of better patient care, better community health, and lower cost.

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

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

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

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

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

4a (Code:) (Expenses $ 35,846,713 including grants of $ 67,426) (Revenue $ 41,107,033)

See Additional Data

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

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

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

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

4e **Total program service expenses** ▶ 35,846,713

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	330		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THE CORPORATION ATTN H KIRK 213 S JEFFERSON ST ROANOKE, VA 24011 (540) 224-5102

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								686,533	6,190,747	2,390,754

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 ▶ 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST DIAGNOSTICS 500 PLAZA DRIVE SECAUCUS, NJ 07094	LABORATORY SERVICES	803,628
F & S BUILDING INNOVATIONS INC 2944 ORANGE AVENUE NE ROANOKE, VA 24012	CONSTRUCTION SERVICES	427,958
BLACKWELL HEALTHCARE STAFFING 2201 BROOKHOLLOW PLAZA DRIVE 165 ARLINGTON, TX 76006	PHYSICIAN SERVICES	130,035
TRANE US INC 2303 TRANE DRIVE ROANOKE, VA 24017	CONTRACTOR SERVICES	119,549

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 ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	29,000			
	e Government grants (contributions)	1e	743,915			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,270			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		850,185			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	622110	40,962,140	40,962,140		
	b Rent from Affiliates	531120	17,277	17,277		
	c					
	d					
	e					
	f All other program service revenue.		0	0	0	0
	g **Total.** Add lines 2a–2f		40,979,417			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		104,707			104,707
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a	72,988			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	72,988	0		
	d Net rental income or (loss)		72,988			72,988
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	12,738,745	114		
	b Less: cost or other basis and sales expenses	7b	12,453,910	0		
	c Gain or (loss)	7c	284,835	114		
	d Net gain or (loss)		284,949			284,949
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Cafeteria	722514	86,479			86,479
	b Bond Costs/Premium Write-off	900099	66,462	66,462		
	c Contract Revenue	900099	17,491	17,491		
	d All other revenue		43,663	43,663	0	0
	e **Total.** Add lines 11a–11d		214,095			
	12 **Total revenue.** See instructions		42,506,341	41,107,033	0	549,123

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	65,926	65,926		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,500	1,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	255,494		255,494	
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	15,782,236	15,782,236		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,260,151	1,260,151		
9 Other employee benefits	2,070,119	2,029,915	40,204	
10 Payroll taxes	843,253	832,376	10,877	
11 Fees for services (non-employees):				
a Management	4,337,984		4,337,984	
b Legal				
c Accounting				
d Lobbying	2,383	2,383		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,302		9,302	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,609,864	3,100,308	509,556	0
12 Advertising and promotion	1,345	422	923	
13 Office expenses	417,988	381,679	36,309	
14 Information technology	44,366	44,216	150	
15 Royalties				
16 Occupancy	590,068	590,068		
17 Travel	58,352	54,499	3,853	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,037,309	1,037,309		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,069,616	2,069,616		
23 Insurance	316,379	212,417	103,962	
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 Med Supplies	3,375,972	3,375,939	33	
b Bad Debt	3,759,215	3,759,215		
c Intercompany Practice Subsidy	1,184,380	1,184,380		
d Dues & Subscriptions	25,790	25,790		
e All other expenses	41,877	36,368	5,509	0
25 **Total functional expenses.** Add lines 1 through 24e	41,160,869	35,846,713	5,314,156	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,250	1	1,250
	2	Savings and temporary cash investments		125,318	2	311,339
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		6,718,454	4	8,340,188
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		122,641	9	69,045
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,706,210			
	b	Less: accumulated depreciation	10b 25,874,601	26,915,480	10c	29,831,609
	11	Investments—publicly traded securities		987,490	11	3,917,902
	12	Investments—other securities. See Part IV, line 11		4,568,738	12	6,542,876
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,449,658	15	1,158
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		40,889,029	16	49,015,367
Liabilities	17	Accounts payable and accrued expenses		3,857,215	17	5,544,663
	18	Grants payable		0	18	
	19	Deferred revenue		215,155	19	5,938,993
	20	Tax-exempt bond liabilities		33,638,913	20	33,472,348
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	
	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		29,540,218	25	31,991,855
	26	**Total liabilities.** Add lines 17 through 25		67,251,501	26	76,947,859
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-26,496,419	27	-28,125,312
	28	Net assets with donor restrictions		133,947	28	192,820
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-26,362,472	32	-27,932,492
	33	Total liabilities and net assets/fund balances		40,889,029	33	49,015,367

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,506,341
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,160,869
3	Revenue less expenses. Subtract line 2 from line 1	3	1,345,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-26,362,472
5	Net unrealized gains (losses) on investments	5	-2,071,040
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-844,452
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-27,932,492

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 54-0549603
Name: Carilion Giles Community Hospital

Form 990, Part III, Line 4a:

See schedule O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C ANTHONY Needham II Director/Vice Chair	1.2 0	X		X				0	0	0
Kristie Williams Director/Hospital VP	47.5 2.5	X		X				195,595	0	152,584
Michael A McMahon MD Director/Chair	2.4 0	X		X				0	0	0
William Flattery Director/Sec./Treas.	2.5 47.5	X		X				0	326,678	154,080
ANDREW WAGNER Director	1.2 0	X						0	0	0
CHRIS MCKLARNEY Director	1.2 0	X						0	0	0
Christopher Hansen OD Director	1.2 0	X						0	0	0
George McGuire Director	1.2 0	X						0	0	0
James Hartley Director	1.2 7.5	X						0	21,750	0
Jennifer Bennett Grube MD Director	1.2 48.8	X						0	227,071	41,279

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth Walker MD Director	1.2 0	X						0	0	0
Melissa Stump Director	1.2 48.8	X						0	91,000	49,297
Michael Helvey DO Director	1.2 48.8	X						0	404,672	88,599
PRISCILLA MORRIS Director	1.2 0.0	X						0	480	0
Richard JENNELL Director	1.2 0	X						0	0	0
Richard McCoy Director	1.2 0	X						0	0	0
Shannon Lucas Director	1.2 0	X						0	0	0
Timothy Meredith Director	1.2 0	X						0	0	0
David Hagadorn Asst. Treasurer	0.5 49.5			X				0	149,339	99,463
Donald Halliwill Asst. Treasurer	0.5 49.5			X				0	774,298	360,873

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Robert Vaughan Jr Asst. Treasurer	0.5 49.5			X				0	353,112	316,295
Nicholas Conte Asst. Secretary	1.0 49.0			X				0	709,682	182,512
Nancy Howell Agee CEO, Carilion Clinic	2.0 48.0				X			0	2,254,723	341,866
Steven Arner Executive Vice President	2.0 48.0				X			0	877,942	363,619
Amy Westmoreland Pharmacy Manager	50.0 0					X		169,076	0	105,300
ANGELA LILLY Nurse Practitioner	50.0 0					X		102,980	0	9,377
SHIRLEY PETREYE Nurse Practitioner	50.0 0					X		103,856	0	21,090
Veronica Stump Nursing Director	50.0 0					X		115,026	0	104,520

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 54-0549603
Name: Carilion Giles Community Hospital

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Carilion Giles Community Hospital	54-0549603

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

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					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,383
j	Total. Add lines 1c through 1i			2,383
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A portion of dues paid to various hospital industry associations is attributable to lobbying activities.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,849,365		1,849,365
b Buildings		29,188,324	8,750,545	20,437,779
c Leasehold improvements		0	0	0
d Equipment		24,145,941	16,941,645	7,204,296
e Other		522,580	182,411	340,169
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				29,831,609

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	403,245	F
(2) Closely-held equity interests		
(3) Other		
(A) Alternative Investments	6,139,631	F
(B) Comingled Funds		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	6,542,876	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Pension Liability	19,906,140
(3) Interest Rate Swap Liability	11,879,215
(4) Due To Affiliate	206,500
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	31,991,855

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			588,408		588,408	1.58 %
b Medicaid (from Worksheet 3, column a)			3,059,088	2,785,493	273,595	0.73 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	3,647,496	2,785,493	862,003	2.31 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	2,544	5,552	211,235	38,477	172,758	0.46 %
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	24	692	50,598		50,598	0.14 %
j **Total.** Other Benefits	2,568	6,244	261,833	38,477	223,356	0.60 %
k **Total.** Add lines 7d and 7j	2,568	6,244	3,909,329	2,823,970	1,085,359	2.91 %

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 %
2 Economic development					0	0 %
3 Community support	8		1,789		1,789	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	18		4,856		4,856	0.01 %
7 Community health improvement advocacy					0	0 %
8 Workforce development	1		1,500		1,500	0 %
9 Other					0	0 %
10 Total	27	0	8,145	0	8,145	0.02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,759,215		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	11,964,685		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,402,962		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-438,277		
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	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CARILION GILES COMMUNITY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 17			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): https://www.carilionclinic.org/locations/carilion-giles-community-hospital			
b ☑ Other website (list url): https://www.carilionclinic.org/community-health-assessments#giles-county			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): https://www.carilionclinic.org/community-health-assessments#giles-county			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

CARILION GILES COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): https://carilionclinic.org/billing/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url): https://carilionclinic.org/billing/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url): https://carilionclinic.org/billing/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CARILION GILES COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

CARILION GILES COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **18**

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)	(Continued from Part V, Section C) -Significant Health Priorities to be Addressed- Health Behaviors - Needs include alcohol and drug use, poor diet, lack of health literacy / lack of knowledge of healthy behaviors, culture of healthy behaviors not a priority, lack of ex ercise. Carilion Clinic continues to address health behavior-related priorities from the 2 018 GCACHNA. To improve overall health culture and promote healthy diets, Carilion provide s various free health education classes, screenings and flu immunizations in community set tings. In fiscal year 2020, Carilion provided 58 health education, screening and immunizat ion opportunities/events in the Giles County area, serving 715 people. Community health ed ucation is provided by the CHO department and other select departments. Health and wellnes s education topics include general wellness, healthy eating and exercise, stress managemen t, and infant and child safety. During the COVID-19 pandemic, CHO transitioned to "Take a Break" virtual education sessions providing timely, relevant tips focused on improving wel l-being and maintaining a healthy lifestyle during an uncertain time. As the year progress ed, we added well-being support groups, cooking videos, online gardening classes, guided w alks and hikes, and limited in-person outdoor education. Resources committed to these prog rams include staff time, volunteer hours, and food and giveaway items that encourage healt hy behaviors. Carilion remains dedicated to addressing poor diets. We are committed to the Healthier Hospital Initiative pledge and continue to work to improve the amount of health y, local, sustainable foods purchased and served through our cafeterias. In September 2020 , CGCH and Carilion Pharmacy completed the A3 initiative, which connected diabetic patient s with pharmacists to provide discharge medication education and coordinate after discharg e in the clinic setting. The program aimed to reduce the number of diabetics who have A1C' s greater than 9%. In addition to community events, Carilion fosters healthy behaviors by offering classes to its employees and through partnerships with other Giles County area em ployers. As the largest employer in the region, efforts to engage our employees and their families in healthy lifestyles impact community health overall. Carilion offers Virgin Pul se at no charge to employees and their spouses. The program enables employees to connect p ersonal activity trackers and a platform to encourage daily healthy behaviors such as exer cise, climbing stairs, and planning healthy meals. CGCH also hosts a momentum studio at th e hospital with exercise equipment available for employees. Through partnership and suppor t of the local Giles Wellness Center, CGCH encourages exercise and other healthy behaviors . CGCH has provided support for equipment at the Giles Wellness Center and partners to reg ularly offer free health screenings at their location. CGCH also partnered with Giles Coun ty to advertise local walking trails and encourage residents and visitors to utilize these free exercise opportunities. -Alcohol and drug use- Carilion's Addiction Task Force bring s together expertise from throughout the Carilion system to better understand and address the opioid epidemic in Southwest Virginia. Efforts include-developing system-wide guidelin es and a system dashboard for opioid prescriptions, creating treatment pathways for opioid addiction in specific high-risk groups, developing best practices for risk assessment, tr eatment and standard orders in Carilion's electronic medical record system, EPIC, growing an inventory of community resources related to prevention, treatment and recovery services for patients and community members, and providing locations for free, safe, prescription drug returns or deactivation bags. CGCH is a partner in the Giles County Recovery Court pr ogram helping participants learn about healthy behaviors as part of their recovery process . The Recovery Court is an alternative to prison, taking up to two years, through which an addicted person may have their charges dropped upon completion of the program (https://ww w.roanoke.com/news/local/giles_county/giles-county-recovery-court-graduation-celebrates-li ves-put-back-in/article_75cb28ec-82f9-54ff-8251-73b06f56242e.html). CGCH will be participa ting in the Virginia Rural Health Association's High Risk Patient Education Program, focus ed on addressing the opioid abuse crisis at a local level. The program will involve identi fication of high-risk patients, provision of patient and family education on opioid risks and disposal sites for unused medications, assistance acquiring Narcan, referrals to pain management support, and REVIVE education for the public. -Tobacco Use- Carilion makes avai lable a "Preparing to Quit" speakers bureau that can be requested by community groups or c ompanies. Carilion employees and their dependents will now be eligible for a new, pharmaci st-led smoking cessation program. This program inc

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Needs Identified in CHNA (Continued)	ludes group sessions, individual follow-up, resource referrals and free access to nicotine replacement therapy products. Another option includes free participation in the Quit for Life program. Employees are offered a financial incentive when they are tobacco free. CGCH is a participant in the Giles Youth Adult Partnership, through which partners work togeth er with youth to prevent risky behaviors and encourage healthy choices for local youth. Th e Giles Youth Adult Partnership has put particular focus on reducing use of tobacco produc ts. CGCH also partnered with Giles County to bring in a tobacco cessation expert to conduc t health education in local schools and then educate hospital providers on tobacco use pre vention. -Clinical Care- Needs include access to mental health and substance use services and access to specialty care. Issues with access to care are essential to CGCH when addres sing community health needs. In addition to providing financial support to qualifying pati ents who cannot afford care, Carilion works to improve affordable access to care and resou rces. Carilion is committed to helping improve access to affordable medical care in our co mmunities. Since the expansion of Medicaid in the Commonwealth of Virginia in 2019, Carili on has worked diligently on outreach and enrollment for newly eligible beneficiaries. By t he end of fiscal year 2020 (tax year 2019), more than 1,078 people were newly enrolled in Medicaid in the Giles County area. Carilion remains dedicated to recruiting and retaining quality practitioners who provide access to care in the service area. CGCH will work to pr ovide individualized recruitment in the Giles County area. In an ongoing effort to increas e access to psychiatry and mental health services, the technological infrastructure to pro vide telepsych services has been put in place in the CGCH Emergency Department and at Cari lion Family Medicine Giles. Telepsych is also being used at the Rural Health Clinic. To ex pand access to specialty care in the Giles County area, Carilion has built an addition adj acent to the hospital that houses orthopaedics, general surgery and other specialties. Car ilion was able to increase access to OBGYN services as well as cardiology, pulmonology, ur ology, forensic nursing and other specialties in Giles. -Social and Economic Factors- Chil d abuse / neglect, transportation / transit system needs. In its commitment to reducing in equities in care, Carilion provides financial support for people who cannot afford insuran ce or health care. Carilion also manages a Medication Assistance Program to increase acces s to affordable medication and replenishes medication carried aboard emergency medical ser vices vehicles. Support is provided to various not-for-profit organizations. Our support r educes the impact of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and other worthwhi le causes. Each year, Carilion coordinates a system-wide United Way campaign through which employees can provide additional financial support to these causes. CGCH participates on the Giles County Community Policy and Management Team, a committee responsible for the imp lementation of the Children's Services Act structure. It worked to address foster care nee ds within Giles County, including early intervention to reduce foster placements and incre asing resources for foster families. Carilion has also provided support for the NRV CARES Parenting Young Children Course in an effort to reduce the potential for child abuse and n eglect through enhanced parenting skills.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Needs identified in CHNA (Continued)	-Physical Environment- While the physical environment did not necessarily arise as a top priority in the 2018 GCACHNA, Carilion still recognizes the impact the environment has on the health of our communities. Efforts continue to make our hospitals and other facilities more energy-efficient, increase recycling and use of recyclable or bio-degradable materials, reduce waste materials and serve local, sustainable foods to patients and in our cafeterias. -Implementation and Measurement- Carilion has invested in multiple systems to manage data and track outcomes of our community work. We assessed program-level outcomes for community health education classes and screening events. We tracked these outcomes using pre- and post-tests for education and screening results such as blood pressure, cholesterol, diabetes risk assessments and glucose readings. Community programs supported by Carilion grants were responsible for regularly reporting program outcomes. Scorecards developed contain key secondary data points. They are updated annually to track the community health initiatives' impact. Specifically, Carilion tracked and measured impact on specific aligned indicators contributing to the RWJF County Health Factors Rankings and County Health Outcomes Rankings. Our goal is to improve County Health Rankings for the entire Giles County area. Still, we understand that improvements are relative to progress in other communities in the Commonwealth of Virginia by these rankings' nature. -Priority Areas Not being Addressed and the Reasons- Earlier, we described using a community approach to determine and address priority needs. We used a similar approach to determine which needs cannot be immediately addressed. We considered several needs during the prioritization process. However, we did not actively address these needs during this period due to low feasibility or low potential impact. These needs are lack of knowledge of community resources, risky sexual activity, tobacco use, access to primary care, access to dental care, communication barriers with providers, coordination of care, high cost of care, quality of care, high uninsured/underinsured population, community safety/violence, domestic violence, educational attainment, lack of family / social support systems, poverty/low average household income, unemployment, air quality, affordable/safe housing, injury prevention/safety of the environment, outdoor recreation, water quality, high prevalence of chronic disease (general). Of the top 10 identified priorities in the 2018 GCACHNA, transportation is the only one not directly addressed by initiatives included in the implementation strategies. Carilion has provided grant funding to support transportation efforts in the Giles County area. Carilion will continue to explore ways to provide support for improved transportation in the Giles County area. At this time, CGCH does not have the local expertise to provide transportation services.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Financial Assistance Eligibility Criteria	Patients' eligibility is determined by family size, family income, real property equity and liquid assets. Families with family income equal or below 200% of the FPG and assets equal or below $15,000 receive 100% adjustment under FAP. Families with family income greater than 200% of the FPG but less than or equal to 400% of the FPG or assets above $15,000 and less than or equal to $100,000 receive a partial adjustment under FAP. The partial adjustment matches the AGB percentage for each service area.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Public Availability of Community Benefit Report	Information on community benefit is reported annually through a consolidated report prepared by Carilion Clinic (EIN 54-1190771). 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: https://www.carilionclinic.org/about-carilion-clinic#our-values.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Line 7, Column (F) - Bad debt expense of $3,759,215, as included in Part IX, Statement of Expenses on line 25 was excluded from the calculation of Part I Line 7 column (F) percent of total expense. Line 7e - Community Health Improvement and Community Benefit Operations - This line is reported at actual cost. Carilion's commitment to community health is evident at all levels of the organization. Our infrastructure includes a Planning and Community Health division dedicated to assessing and addressing community needs. The division leads and facilitates the Community Health Improvement Plan, Community Health Needs Assessments, community grants, community health education, collection of community benefit data, and neighborhood health initiatives. Some Community Health and Outreach staff work with the hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health needs. The hospital also has a Community Benefit Council providing oversight for Carilion's community health improvement work and community benefit strategy, data collection and submission. Carilion Giles Community Hospital educates the public about health risks and steps to improve health. Events include regularly scheduled health screenings for blood pressure, blood glucose and cholesterol. Additional health improvement services include assistance with enrollment in public medical programs such as Medicaid and assistance accessing affordable prescriptions through Carilion's Medication Assistance Program. Due to COVID-19, work shifted from the typical health education and improvement programming to education and outreach to lessen the pandemic's impact. For many months, representatives across the organization were involved in the Home Alone program-an outreach effort to connect vulnerable patients to community resources and help them overcome any barriers caused by supply shortages, business closures and cancellation of medical appointments. Carilion received federal relief funding to offset the Community Benefit expenses generated by this and other similar work. Following the rollout of Medicaid expansion in Virginia, Carilion began contracting with MedAssist for Medicaid enrollment outreach, ensuring access to a wide range of health services across the community. MedAssist screens uninsured patients to identify eligibility and helps them with the application process, including documentation and substantiation of eligibility. Greater coverage increases access to benefits not only for general health, but for dental and mental health services as well. The increase in scope for Medicaid eligibility and enrollment led to an increase in Community Benefit dollars invested in this category. Community benefit operations include the expenses to track community health improvement activities and the cost associated with coordinating responses to community health needs identified through the most recent Giles County Area Community Health Needs Assessment. This coordination includes participation in community partnerships such as FOCUS. 7f - Health professions education - n/a 7g - Subsidized Health Services - n/a 7h - Research - n/a 7i - Cash and In-Kind Contributions - At cost. Carilion's dedication to our mission of improving the health of the communities we serve is evidenced by the annual financial and in-kind contributions we provide to dozens of nonprofit partners. Our support directly impacts the issues identified in our triennial Community Health Needs Assessment and various social determinants that impact health. Support provided in fiscal year 2020 (tax year 2019) helped with efforts to prevent youth vaping, efforts to prevent child abuse and neglect, advisory support for nursing in Giles County Public Schools, support for local emergency services and a multitude of other community health improvement goals.

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Line 1 - Physical improvements and housing - n/a Line 2 - Economic development - n/a Line 3 - Community support - Research demonstrates the strong connection between social determinants of health such as transportation, housing and education, and communities' overall health and well-being. Carilion supports nonprofit organizations addressing barriers to good health arising from these social determinants in various ways. Carilion also collaborates with local partners to support better education and opportunities for children and families and improved housing, better nutrition and additional resources for its neighbors in need. These efforts make progress in removing a range of obstacles to good health for residents of our region. Through monetary donations and organizational support, Carilion Giles Community Hospital is deeply involved with a variety of health and social determinant-related initiatives. For example, Carilion invests in student education and development by supporting local high schools. Carilion also impacts community health and safety through support for the Giles County Community Garden, and support of the Giles County Kiwanis Club's efforts to provide health and hygiene items to the community. Line 4 - Environmental improvements - n/a Line 5 - Leadership development and training for community members - n/a Line 6 - Coalition building - Carilion believes in the power of collaboration and understands that we must address our most significant health issues in concert with the community. To ensure lasting impact from the health assessment and community health improvement process, Carilion participates in community health coalitions that address health, safety and social determinant needs in the Giles Community Area. Also, we partner with multiple community and business organizations around initiatives to improve health and wellness for everyone living in the Giles County Area. An example is Carilion's representation on the New River Valley Community Services Board and associated volunteer hours donated. In addition, Carilion representatives participate in Giles Youth Adult Partnership, the Giles Community Garden's Healthy Communities Action Team and the FOCUS Network. Line 7 - Community health improvement advocacy - n/a Line 8 - Workforce development - With the understanding that employment is directly linked to health and wellness, Carilion partners to provide workforce development and training for community members. These efforts also develop a pipeline of future health care workers. In commitment to these efforts, Carilion Giles Community Hospital provides scholarships for students pursuing post-secondary education.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Carilion Giles Community Hospital estimates bad debt expense by reserving a percentage of all self-pay patient accounts receivable by aging category, based on collection history, adjusted for expected recoveries and, if present, anticipated changes in trends.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Accounts receivable are stated at net realizable amounts due from patients, third-party payors, and other insurers for which Carilion Giles Community Hospital expects to be entitled in exchange for providing patient care. In accordance with Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (Topic 606) (ASU 2014-09), the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The Hospital believes our Medicare shortfall is a cost we incur as a benefit to the community. IRS Rev. Rul. 69-545, provides that one of the factors demonstrating community benefit is operating an emergency room open to all persons regardless of ability to pay and providing hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicare. In order to operate for the benefit of the broad community that we serve we must include our significant Medicare population, even if we are required to subsidize care to our Medicare patients due to being reimbursed at less than cost by Medicare's nonnegotiable rates. Medicare allowable costs are determined from the Medicare cost report using the cost-to-charge ratio.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	When accounts receivable efforts are exhausted, the account may be placed with a collection agency and Extraordinary collection actions (ECAs) may be considered. Accounts will not be placed with a collection agency prior to 120 days from the date the first billing statement is provided except when mailings are returned with no forwarding address and combining multiple accounts of varying age with those already transferred or for legal verification regarding other liabilities. Reasonable efforts will be made to identify appropriate forwarding addresses. When a Financial assistance application (FAA) is received during the application period (within 240 days after the date the first billing statement is provided), but after initiation of ECAs, all ECAs will be suspended. Best efforts will be made to process completed applications within 30 days of receipt of the application, financial assistance eligibility will be determined and communicated to the individual. Incomplete applications must be completed within 30 days of the initial notification of additional items required; otherwise, the application will be deemed incomplete and closed. If an individual is eligible for financial assistance, ECAs, other than the sale of debt, will be reversed and any payments related to eligible care refunded to the extent no longer owed. ECAs will be reinstated if the individual is not eligible for financial assistance or does not complete the FAA by the deadline. At least 30 days before initiating an ECA, Carilion will send the patient written notice of intended ECA(s), a plain language summary explaining financial assistance available and the process for determining eligibility, and the deadline for applying for assistance. Carilion will also attempt to call individuals at least 30 days before initiating an ECA to make them aware of the financial assistance available and how to obtain assistance with the application process. Carilion shall enter into a written contract with any collection agency to which it refers bad debt. The contract will obligate the collection agency to observe and comply with Carilion's obligations under this Policy and the Financial Assistance Policy. A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of Carilion. After making reasonable efforts to determine if a patient qualifies for Financial Assistance and the patient either does not qualify for Financial Assistance or fails to submit an application as requested, within 240 days from the date the first billing statement is provided, Carilion may engage in one or more of the following ECAs: 1. Place a lien on an individual's property; 2. Attach or seize an individual's bank account or any other personal property; 3. Commence a civil action against an individual; 4. Garnish an individual's wages; 5. Sell an individual's debt to another party; or 6. Report the account to credit agencies. Individual account balances greater than $5,000 are not sent to a collection agency. These are handled through the Debt Recovery Department (DRD) for verification of Financial Assistance status before further collection activity occurs. DRD will also investigate any accounts that require special handling. For example, in cases of a deceased patient, auto accident, or any other unique circumstances requiring special handling, the accounts are placed with the DRD. When all collection efforts have been exhausted, all hospital accounts will be returned and closed as uncollectible. No further collection activity is taken at that time. Accounts with satisfactory payment arrangements, legal activity or accounts with pending payment will be considered active and are not returned.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- CARILION GILES COMMUNITY HOSPITAL: Line 16a URL: https://carilionclinic.org/billing/financial-assistance;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- CARILION GILES COMMUNITY HOSPITAL: Line 16b URL: https://carilionclinic.org/billing/financial-assistance;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- CARILION GILES COMMUNITY HOSPITAL: Line 16c URL: https://carilionclinic.org/billing/financial-assistance;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In addition to conducting regular Community Health Needs Assessments (CHNA), Carilion Clinic closely monitors community health indicators and responds to needs as they arise. Each year, Carilion updates scorecards with refreshed County Health Rankings indicators provided by the Robert Wood Johnson Foundation. Carilion is also responsive to needs identified through clinical data and internal departments. Carilion's call center, Carilion Direct, is available for community members to ask questions and connect with community resources. The Planning and Community Development department studies chronic disease incidence and prevalence rates, monitors health status indicators and assesses health disparities. Carilion has adapted its community health improvement process from Associates in Process Improvement's Model for Improvement and the Plan-Do-Study-Act cycle developed by Walter Shewhart. It consists of five steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years. Needs are also identified through advisory boards and focus groups conducted in key neighborhoods or aligned with community initiatives. Ongoing collaboration with community stakeholders allows for regular communication of community needs and gives our partners opportunities to respond cohesively. Carilion fosters community development in its CHNA and community health improvement processes through the Strive Collective Impact Model for the Community Health Assessment Team. This evidence-based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s)" and has been proven to lead to large-scale changes. It focuses on relationship-building between organizations and the progress toward shared strategies.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Information on Financial Assistance is provided to the patient at hospital admission and ambulatory areas in the form of signage, a plain language summary which includes contact information, financial assistance application and documentation in the inpatient handbook. Patient Access staff, Hospital social workers and customer service representatives verbally inform patients on availability of assistance. Each patient statement and patient financial responsibility letter includes information on the Financial Assistance policy including who to contact for additional information and location of in-person assisters. The Application, the Policy, and the plain language summary are available free of charge to the patient. They are available by mail and on the web site if the patient did not receive written information at the time of service. Financial Assistance policy and application are also distributed to community partners through electronic mailing groups. Carilion Clinic employs an Eligibility staff that counsel patients on federal and state programs. The staff completes applications for Medicaid, Social Security, Social Security Disability and Medicare. The staff provides support services ensuring the applications are processed correctly based on federal and state policy. In addition, Eligibility staff are trained as Certified Application Counselors and will assist patients in enrollment in the Marketplace. Eligibility staff will also complete Carilion's financial assistance application and counsel patients on the requirements for financial assistance.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The Giles County area, including Giles County, Virginia and Monroe County, West Virginia, is the service area for the GCACHNA. Giles County is a picturesque region of Appalachian America, with mountainous terrain, cliffs, rivers and streams. It is part of the New River Valley, which includes the counties of Floyd, Giles, Montgomery (including the towns of Christiansburg and Blacksburg), and Pulaski and the independent City of Radford. The County is rural and topographically isolated with 48.6 persons per square mile compared 202.6 persons per square mile in Virginia as a whole (https://www.census.gov/quickfacts/fact/table/va,gilescountyvirginia/PST045219). It is a part of the New River Valley Planning District (Health Planning District 4) and is commonly referred to as Rural Appalachia (https://www.vdh.virginia.gov/new-river/). The area is bordered on the south by the Blue Ridge Mountains and the north by the Alleghany Mountains. One of the oldest rivers in America, the New River, runs through this region (https://www.newriverwatertrail.com/NRWT/history-of-the-new-river/). Giles County is approximately 356 square miles (https://www.census.gov/quickfacts/fact/table/va,gilescountyvirginia/PST045219). The area is comprised of nine towns and is delineated by three voting districts-Pembroke, Eggleston, and Newport (Eastern District), Pearisburg, Staffordsville, and White Gate (Central District), and Glen Lyn, Rich Creek, and Narrows (Western District). Pearisburg is the county seat. Giles County is governed by a County Board of Supervisors that controls the county budget. It is the site of the majority of health and human services available to the residents of Giles County. GIles County has a mountanious topography with over 50 miles of the Appalachian Trail and the Great Eastern Trail (http://virginiasmtnplayground.com). Under the peak of Angel's Rest and surrounded by the beautiful mountains of Pearisburg, Virginia, lies Carilion Giles Community Hospital (CGCH). For more than 50 years, this hospital has served the residents, neighbors, and visitors of Giles County. In 2002, CGCH was granted a government designation of Critical Access in a rural setting. Today it is one of the leading hospitals of this kind in the nation. Secluded in the Allegheny Highlands, Monroe County was separated from Greenbrier County, West Virginia in 1799, where its economic basis has been farming and timber harvesting ever since (http://monroewvhistory.org/text/monroe.html). Monroe is similar to Giles, rural with 28.6 people per square mile and 472.75 square miles of land (https://www.census.gov/quickfacts/fact/table/monroecountywestvirginia/PST045219). The 2018 GCACHNA revealed differences in size and population and significant disparities both in health and social determinants. The 2015-2019 American Community Survey (ACS) found the total population of the counties of Giles and Monroe to be 16,772 and 13,401 respectively and median ages of 44.7 and 48.0 respectively (U.S. Census Bureau, 2015-2019 5-year ACS, Table S0101 https://data.census.gov/cedsci/table?q=S0101&tid=ACSST5Y2019.S0101&hidePreview=true). According to the Weldon Cooper Center for Public Service, Giles County is predicted to have slightly negative population change by 2040 (https://demographics.coopercenter.org/virginia-population-projections). Both areas have a larger percentage of the population that is White than in the Commonwealth of Virginia as a whole. In Giles County, 94.9% of the population is White and 2.2% of the population is Black (U.S. Census Bureau, 2015-2019 5-year ACS, Table DP05 https://data.census.gov/cedsci/table?tid=ACSDP5Y2019.DP05&hidePreview=true). All of Giles County is a designated Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental and mental health professionals (https://data.hrsa.gov/tools/shortage-area). Giles County is part of the New River Valley, a region flush with resources including food, health and human services, arts and culture and outdoor amenities. Health and human service organizations work to reduce the disparities in access to care and access to resources that still exist for many residents of the region.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Carilion Clinic is a not-for-profit, integrated health care system located among the Blue Ridge Mountains. Our flagship hospital, in the heart of the City of Roanoke, which is the largest urban hub in western Virginia. Carilion provides quality care for nearly one million individuals through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers, and other complementary services. Carilion's roots go back more than a century when a group of dedicated citizens came together and built a hospital to meet the community's health care needs. Today, Carilion is a vital anchor institution focused on health care and dedicated to our mission of improving the health of the communities we serve. With an enduring commitment to our region's health, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Carilion invests in discovering and responding to local and regional health needs, understanding that we must involve additional stakeholders to address community health issues and create change effectively. Carilion Giles Community Hospital (CGCH) is a modern, 25-bed Critical Access hospital, offering emergency services recognized nationally for quality and patient satisfaction. CGCH also provides high-quality inpatient care and an extended care recovery program (Swing Bed) that gives eligible patients an opportunity to grow stronger before going home. The main entrance serves as the access point for all walk-in patients needing emergency care, diagnostics, rehabilitation and other outpatient services. CGCH works to bring new services to the community as the need is identified. https://www.carilionclinic.org/locations/carilion-giles-community-hospital). CGCH serves all patients regardless of their ability to pay. The hospital's governing board members are elected annually and reside in the region. The majority of members are neither hospital employees nor contractors. Medical staff privileges are extended to qualified providers. Surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. Reinvestments include providing free, discounted and subsidized care and critical medical services not otherwise offered in our region.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Carilion Giles Community Hospital is wholly owned by Carilion Clinic, a not-for-profit health care organization based in Roanoke, Virginia. Through a comprehensive network of hospitals, primary and specialty physician practices, and complementary services, Carilion provides exceptional care for nearly one million Virginians. With an enduring commitment to the region's health, Carilion advances care through medical education and research, helps its community stay healthy and inspires the region to grow stronger. In the mid-2000s, Carilion made the strategic decision to transform from a collection of hospitals to a physician-led, integrated health care system. Advances include developing a multi-specialty physician group, transforming our primary care practices into patient-centered medical homes, implementing electronic health records system-wide, creating a robust partnership with Virginia Tech, including developing the Virginia Tech Carilion (VTC) School of Medicine and the Fralin Biomedical Research Institute at VTC. In addition, Carilion continues its long relationship with what is now Radford University Carilion to assist with educating students in various health professions. Each decision, each adaptation, have fundamentally changed the way Carilion collaborates and provides care. (https://www.carilionclinic.org/about-carilion-clinic) Carilion's community and population health infrastructure is the health system's engine for providing collaborative opportunities to improve and promote the community's health. Carilion's Community Health Assessments process helps identify the strengths and barriers impacting health. Its community-based programs reflect the Robert Wood Johnson Foundation's framework of four main influences of health- health behaviors, social and economic factors, clinical care access and quality, and physical environment. The health system's many partnerships with cross-sector organizations create a collaborative culture of community health and wellness.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 54-0549603
Name: Carilion Giles Community Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	CARILION GILES COMMUNITY HOSPITAL 159 HARTLEY WAY PEARISBURG, VA 24134 https://carilionclinic.org/locations/carilion-giles-community-hospital H 1837	X	X			X		X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The Community Health Needs Assessment report prioritizes the community's significant health needs that were identified by the assessment, and explains how the health needs were prioritized.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Carilion Giles Community Hospital. Carilion Clinic's Community Health Needs Assessments (CHNAs) are community-driven projects. Their success is highly dependent on e ngaging citizens, health and human service agencies, businesses, and community leaders. St akeholder collaborations known as "Community Health Assessment Teams" (CHATs) lead the CHN As. The CHATs are a dynamic group that includes health and human service agency leaders, p ersons with exceptional knowledge of, or expertise in, public health, and local health dep artment officials. The CHATs obtain input from leaders, representatives, or members among medically underserved populations who report as low-income, are minorities and suffer from chronic diseases. The following organizations served on the CHAT for the 2018 Giles Count y Area Community Health Needs Assessment (GCACHNA)-Giles County - Special Projects, Giles Day Report Program, Monroe County Health Center - Peterstown, Monroe County Health Centers , New River Community Action -CHIP, New River Community Action - Head Start, New River Val ley Community Services, NRV CARES, Pembroke Management Inc. - Housing Voucher, Virginia De partment of Health - New River Health District. To further obtain input from the community , the GCACHNA conducted focus groups among stakeholders and target populations and adminis tered a community health survey. During the CHNA process, community stakeholders, leaders, and providers are encouraged to complete a Stakeholder Survey (print and electronic versi ons available) to provide additional perspectives about our community's health needs and b arriers. CHATs conducted stakeholder focus groups with the Giles County Day Report Program staff and Narrows Head Start. CHATs conducted focus groups with target populations to cap ture the story of health needs and barriers for the uninsured, underinsured, low-income, m inority, senior, and chronically ill populations. Two focus groups were held, located clos ely and conveniently to target populations. Participants discussed health needs and barrie rs and access to primary, oral, and mental health care. The groups included Community Heal th Center of New River Valley patients in Pearisburg and people at the Giles County Senior Center. A 39-question survey was developed (in English and Spanish) with questions about socioeconomic factors, access to medical, dental, and mental health care, health behaviors , physical environment, health outcomes, and demographics. The survey included commonly us ed questions and metrics from previously validated community surveys conducted by organiza tions such as the National Association of County and City Health Officials (NACCHO) and Ce nters for Disease Control and Prevention (CDC). The CHAT identified target populations, co llection sites, and survey distribution methods. The population of interest for the survey was Giles County (VA) and Monroe County (WV) residents 18 years of age and older. The Gil es County Area included the CH

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	NA service area of Giles County, VA, and Monroe County, WV. There were special efforts to include underserved/vulnerable populations disproportionately impacted by social determina nts of health such as income, race/ethnicity, education, and insurance status. The survey was also made available to all residents living in the service area. The oversampling of t he target populations occurred through targeted outreach efforts. In total, 481 surveys we re collected.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Carilion Giles Community Hospital. Giles County - Special Projects, Giles Day Report Program, Monroe County Health Center - Peterstown, Monroe County Health Centers, New River Community Action - CHIP, New River Community Action - Head Start, New River Valley Community Services, NRV CARES, Pembroke Management Inc. - Housing Voucher, Virginia Department of Health - New River Health District.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Carilion Giles Community Hospital. The Community Health Assessment Team shared the 2018 Giles County Area Community Health Needs Assessment (GCACHNA) on partner websites and social media. THE GCACHNA was also shared through community forums, community presentations and media interviews.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Carilion Giles Community Hospital. The following information describes the implementation strategies used by Carilion Giles Community Hospital (CGCH) to address the community health needs identified in the 2018 Giles County Area Community Health Needs Ass essment (GCACHNA). The complete implementation strategies are available online at https:// www.carilionclinic.org/community-health-assessments#giles-county. According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings, where an individual lives, works and plays is a strong predictor of their health outcomes (http://www.countyhealthrankings. org/). In the United States, a person's zip code can help predict their life expectancy du e to its direct link to the social determinants of health such as poverty, race/ethnicity, education and employment status in these areas (https://www.rwjf.org/en/library/interacti ves/whereyouliveaffectshowlongyoulive.html). These factors, part of the 10-year national H ealthy People 2030 objectives, are crucial to our overall health because they "create soci al and physical environments that promote good health for all." (https://www.healthypeople .gov/2020/topics-objectives/topic/social-determinants-of-health) Carilion responds to comm unity health needs in innovative ways-making sure our region has access to state-of-the-ar t health care close to home, providing community grants and sponsorships to extend our mis sion and support other organizations addressing health needs, creating and implementing co mmunity-wide strategies to reduce barriers, coordinating resources and enhancing community strengths, and providing community-based health and wellness programs. Commitment to comm unity health is evident at all levels of the organization. Carilion's infrastructure inclu des a Planning and Community Development division dedicated to assessing and addressing co mmunity needs. The division is responsible for leading and facilitating the Community Heal th Improvement Plan, CHNAs, Carilion's community grant process, community health education , community benefit collection, and neighborhood health initiatives. There are Community H ealth and Outreach (CHO) staff at the system level and each community hospital. They work with hospital Boards of Directors and Carilion Clinic's Board of Governors to create healt h improvement strategies. A Community Benefit Council provides oversight and strategic gui dance for Carilion's community health improvement work and community benefit strategy, col lection and submission. Carilion Clinic's response strategies follow the RWJF framework fo r what influences health, which includes health behaviors, social and economic factors, cl inical care access and quality, and physical environment. With the onset of COVID-19, Cari lion immediately recognized the prominent role we would play in both prevention and treatm ent for our region. The pandemic demanded a shift in operations and priorities. While some of our implementation strateg

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ies were delayed or altered, Carilion quickly responded to the new and unique health-relat ed social needs arising from COVID-19. An addendum to the CGCH implementation strategies w as approved in July 2020 to reflect the organization's planning and response to the pandem ic. The complete addendum is available online at https://www.carilionclinic.org/sites/defa ult/files/2020-10/CGCH%20IS%20COVID%20Addendum_0.pdf. -COVID-19 Community Response- Carili on worked with local media partners to provide expert advice and guidance to the community for COVID-19 prevention, detection and recovery. In a historic collaborative effort, comp eting hospitals and broadcasting organizations publicized a community town hall. We coordi nated efforts to ensure the public received the most accurate and up-to-date information a bout the pandemic. We developed the COVID-19 Community Hotline as a dedicated phone line t o answer community member questions about COVID-19 signs and symptoms, Carilion guidelines , and resources. We also established a recovery support phone line to ensure employees, pa tients, and community members have access to mental health and recovery support. Peer Reco very Specialists created five virtual peer support community groups. These provided option s for individuals in recovery to maintain recovery-oriented support during stay-at-home or ders. Carilion is actively providing counsel to community partners, businesses, universiti es and colleges regarding COVID-19 through consultation with our infectious disease physic ians and our management team. This service, offered free of charge, aims to promote safety and reduces hospitalizations and deaths. Because older adults are especially vulnerable t o COVID-19, accessing essential resources presented another serious challenge for them dur ing the pandemic. Amid stay-at-home orders, business closures and medical appointment canc ellations, we made it our mission to check on seniors in need who were living alone. Caril ion's Planning and Community Development, Geriatric Medicine, Home Care and Hospice and Ac countable Care Organization departments coordinated efforts to establish Home Alone. Throu gh this initiative, Carilion made more than 1,200 phone calls to provide up-to-date inform ation and connect seniors with local governments and community resources. From delivering masks to offering support over the phone, the program helped meet a wide range of needs he ad-on. Seniors were able to stay home safely, reduce their exposure to COVID-19 and avoid the hospital. Carilion Clinic believes in the power of collaboration. Carilion also unders tands the most significant health issues are addressed through cooperation with the commun ity. Carilion participates in and provides financial and in-kind support to community heal th coalitions addressing the Giles County area's health needs. We also partner with multip le community and business organizations to improve health and wellness and impact the soci al determinants of health for

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	everyone we serve. The Giles County FOCUS Program is a formalized network of service provi ders that interact extensively with underserved Giles citizens. Through focused and coordi nated service provision, FOCUS addresses the physical, educational and economic well-being of individuals, families and communities. FOCUS's mission is to lead positive social chan ge for families and individuals living in Giles County through the coordination of advocac y, information, opportunity and community involvement. Its vision is three fold-that every child is provided relationships to help them achieve his/her greatest potential and parti cipate in and contribute to the community, that every parent is provided relationships to help them improve the quality of life for their families, and that every adult is provided the relationships to help them become responsible, participating citizens. FOCUS believes that to better impact the physical, social and economic well-being of Giles County citize ns, it is important to identify locations of need, specifically neighborhoods, to focus it s investments. (http://nrvlivability.org/creating-systemic-change-in-giles-county-focus/). CGCH is an active participant in FOCUS and supports the work of many FOCUS partners. In f iscal year 2020, CGCH assisted with the Giles County School Lunch program, donated supplie s to the Giles County Christian Mission Food Pantry and provided mask education to employe es and clients of the Giles County Christian Mission. Additionally, the Giles Community Ga rden Healthy Communities Action Team was awarded funding to focus on childhood obesity and support the Giles Community Garden. Carilion fulfills our commitment to addressing key he alth priorities through targeted grants for community health improvement programs and thos e that affect the social determinants of health. Carilion provides many community grants a nd health sponsorships to help local charitable organizations fulfill their missions relat ed to our communities' health and well-being. Community grant dollars are allocated across the Carilion Clinic service area based on requests received. During the 2020 fiscal year (2019 tax year), $15,500 in grants were awarded to three programs serving both Giles Count y and the New River Valley broadly to improve transportation and basic needs access, regio nal health coalition efforts, and unwanted pregnancy prevention efforts. (Continued in Par t VI)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Carilion Giles Community Hospital. Individuals with Out of Network insurance are not eligible for Financial Assistance unless the plan does not meet minimum essential coverage as defined in PPACA or it is a governmental plan.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
1	CARILION CLINIC FAMILY MEDICINE - GILES 430 BOXWOOD LANE PEARISBURG, VA 24134	RURAL HEALTH CLINIC
1	CARILION CLINIC PULMONOLOGY-GILES 159 HARTLEY WAY PEARISBURG, VA 24134	PULMONARY SERVICES
2	CSC PEARISBURG 159 HARTLEY WAY PEARISBURG, VA 24134	SURGICAL SERVICES
3	CARILION CLINIC ORTHOPAEDICS-GILES 159 HARTLEY WAY PEARISBURG, VA 24134	ORTHOPAEDICS
4	CARILION CLINIC CARDIOLOGY -GILES 159 HARTLEY WAY PEARISBURG, VA 24134	CARDIOLOGY SERVICES
5	ENT - GILES 159 HARTLEY WAY PEARISBURG, VA 24134	ENT
6	Carilion - Urology 159 HARTLEY WAY PEARISBURG, VA 24134	Urology
7	Carilion Clinic Family & Internal Medicine - Martinsville 1107A Brookdale St Martinsville, VA 24112	RURAL HEALTH CLINIC
8	Carilion Clinic Multi-Practice Clinic 1107B Brookdale St Martinsville, VA 24112	RURAL HEALTH CLINIC
9	Carilion Clinic Family & Internal Medicine - Galax 544 East Stuart Drive Suite D Galax, VA 24333	RURAL HEALTH CLINIC
10	Carilion Clinic Family Medicine - Rocky Mount S Main 390 S Main St Suite 201 Rocky Mount, VA 24151	RURAL HEALTH CLINIC
11	Carilion Clinic Family Medicine - Rocky Mount 796 Old Franklin Turnpike Rocky Mount, VA 24151	RURAL HEALTH CLINIC
12	Carilion Clinic Family Medicine - Tazewell 388 Ben Bolt Ave Tazewell, VA 24651	RURAL HEALTH CLINIC
13	Carilion Clinic Family Medicine - Wytheville 1375 West Ridge Rd Wytheville, VA 24382	RURAL HEALTH CLINIC
14	Carilion Clinic Family & Internal Medicine - Westlake 282 Westlake Rd Hardy, VA 24101	RURAL HEALTH CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
16	Carilion Clinic Family Medicine - Hillsville 416 S Main St Hillsville, VA 24343	RURAL HEALTH CLINIC
1	Carilion Clinic Family Medicine - Floyd 911 East Main St Floyd, VA 24091	RURAL HEALTH CLINIC
2	Carilion Clinic Family Medicine - Boones Mill 22890 Virgil Goode Highway Boones Mill, VA 24065	RURAL HEALTH CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Community Foundation of NRV PO Box 6009 Christiansburg, VA 24068	54-1740455	501(c)(3)	8,000				Detail on Part IV
(2) Free Clinic of New River Valley 215 Roanoke St Christiansburg, VA 24073	51-0247098	501(c)(3)		42,685	FMV	Space in facility	Use of space

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

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

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

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

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) (1)-Community Foundation of NRV -Purpose of Grant/Assistance	The grant purpose is for support of the regional coalition building in response to the 2018 Giles County Area Community Health Needs Assessment.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	The hospital donates funds to other charitable organizations in support of health and community improvement. Such organizations also have community boards which oversee the expenditure of such funds. Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Assessments. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those that impact the social determinants of health. For Carilion Clinic's Community Grant Program, each grantee must sign a letter of agreement with Carilion Clinic that delineates the terms and specific objectives of the project. By accepting a Carilion award, grantees are asked to acknowledge the support of Carilion Clinic in all materials and/or related special events or fundraisers throughout the award cycle where other donors are publicly recognized. One mid-cycle progress report and a final program evaluation are required for each funded project. Site visits may be made to grantees. A grant cycle specifically addressing needs resulting from the impacts of COVID-19 was held in fiscal year 2020 (tax year 2019) and due to the nature of the funding, awardees were required to submit only one, final report. Program evaluation includes alignment with Community Health Assessment priorities, program impact, organizational effectiveness and community benefit through collection of data including clients served, cost effectiveness of the program (cost per client or service), tangible community or client outcomes, and specific efforts to cultivate diverse funding sources for program sustainability. Each grantee must agree to submit requested data and reports on a timely basis and to complete the evaluation process as requested.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization has a single member, Carilion Clinic, a charitable tax-exempt organization which serves as the parent company of the Carilion Clinic integrated health care delivery system. Executive compensation, including that of the organization's Hospital Vice President, is reviewed annually by the Carilion Clinic Board of Directors 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. In addition, the Compensation Committee annually reviews the compensation philosophy for all executive leaders. This review included review of a comprehensive report from an independent, outside compensation consultant specializing in healthcare organizations for select positions and the prior year's report on all of the reviewed positions. The reports reviewed by the Committee included a detailed comparison of total compensation and each element thereof, including base salary, bonus, 'at-risk' and other cash compensation, and benefits, including deferred and retirement benefits. Compensation was compared to both a national and regional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee. The Compensation Committee maintained detailed minutes of its meetings, setting forth the deliberations and decisions of the Committee regarding the compensation of these executives.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Mr. Arner, Mr. Conte, Mr. Halliwill, and Mr. Vaughan participate in a Defined Contribution Supplemental Executive Retirement Plan (DC SERP) in which the employer, at the discretion of Carilion Clinic's Compensation Committee, makes a contribution to an account established on its books for each eligible participant. If a participant ceases to be a participant prior to the vesting date, the account shall be forfeited. A lump sum distribution shall be made upon the participant's vesting date, death, or disability. Unvested contributions made to the DC SERP in the reporting period are included in Part II of this schedule with "retirement and other deferred compensation." No distributions were made to these individuals under this plan in the reporting year. Ms. Agee participated in an executive flexible benefit plan, in which an allowance is provided annually to the participant for use in obtaining certain insurance benefits. In prior years, the amount of allowance in excess of elected benefits was credited to a capital accumulation account (CAA) with various deferred vesting dates of at least two years from the first day of the plan year, distributable upon vesting while employed by a Carilion Clinic affiliate, death, disability, or 24 months following certain qualifying separations from service. Deferrals no longer occur under this plan. $195,503 was distributed under this plan in the reporting year.
Schedule J, Part I, Line 7 Non-fixed payments	The organization pays annual "at-risk" compensation to certain members of management based on performance of an applicable scorecard. While the scorecard contains a formula as a basis for determining overall performance, in certain cases, senior managers have discretion to include additional elements in their assessment of managers reporting to them. In addition, for top management, the actual non-fixed payment awarded is in the discretion of the Carilion Clinic Board of Directors and its Compensation Committee.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 54-0549603
Name: Carilion Giles Community Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1William Flattery	(i)	0	0	0	0	0	0	0
Director/Sec./Treas.	(ii)	256,357	52,998	17,323	152,051	2,029	480,758	0
1Kristie Williams	(i)	158,987	36,365	243	141,324	11,260	348,179	0
Director/Hospital VP	(ii)	0	0	0	0	0	0	0
2Jennifer Bennett Grube MD	(i)	0	0	0	0	0	0	0
Director	(ii)	160,000	65,038	2,033	39,600	1,679	268,350	0
3Michael Helvey DO	(i)	0	0	0	0	0	0	0
Director	(ii)	339,596	62,271	2,805	70,956	17,643	493,271	0
4Nicholas Conte	(i)	0	0	0	0	0	0	0
Asst. Secretary	(ii)	501,457	201,967	6,258	163,964	18,548	892,194	0
5David Hagadorn	(i)	0	0	0	0	0	0	0
Asst. Treasurer	(ii)	138,561	2,000	8,778	98,598	865	248,802	0
6Donald Halliwill	(i)	0	0	0	0	0	0	0
Asst. Treasurer	(ii)	568,290	201,281	4,727	343,625	17,248	1,135,171	0
7G Robert Vaughan Jr	(i)	0	0	0	0	0	0	0
Asst. Treasurer	(ii)	270,749	78,415	3,948	297,970	18,325	669,407	0
8Nancy Howell Agee	(i)	0	0	0	0	0	0	0
CEO, Carilion Clinic	(ii)	1,292,284	555,922	406,517	329,565	12,301	2,596,589	195,503
9Steven Arner	(i)	0	0	0	0	0	0	0
Executive Vice President	(ii)	647,421	225,708	4,813	345,071	18,548	1,241,561	0
10Veronica Stump	(i)	112,458	2,000	568	104,231	289	219,546	0
Nursing Director	(ii)	0	0	0	0	0	0	0
11Amy Westmoreland	(i)	166,267	1,500	1,309	104,294	1,006	274,376	0
Pharmacy Manager	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	Within the hospital, volunteers greet and escort patients, deliver flowers, mail and newsp apers, and provide clerical assistance when called upon to do so. Volunteers also assist w ith general restocking of supplies on the Med Surg Unit as well as Clean Linen areas. They assist with the discharge process, patient surveys, and community health events. Voluntee rs staff the Gift Shop and provide volunteer support to all hospital departments. As part of their mission CGCH volunteers coordinate fundraising events to purchase hospital equipm ent and support outreach activities. Volunteer Hours worked are 3,202. NOTE: THE VOLUNTEER PROGRAM WAS SUSPENDED ON MARCH 16, 2020 DUE TO COVID WHICH AFFECTED THE VOLUNTEER WORK HO URS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	Carilion Giles Community Hospital, 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. Located in Pearisburg, VA, this 25-bed critic al access hospital provides 24-hour emergency care, advanced diagnostic procedures, minima lly invasive surgery, nuclear medicine studies, respiratory services, and comprehensive re habilitation programs. Carilion Giles Community Hospital, a critical access hospital, exis ts to serve the health care needs of its community, regardless of a patient's ability to p ay. Giles acute hospital admitted 884 patients and provided 4,182 days of care during the year. Hospital programs include provision of nursing care; swing bed services; extensive o utpatient and inpatient surgical and endoscopic services; and diagnostic imaging services including CT, MRI, and mammography. Several specialty practices and clinics for orthopaedi cs, general surgery, cardiology, urology, OBGYN, pulmonary, ENT are located at the hospita l. Giles also provides integrated and comprehensive primary care services through multiple Rural Health Clinics. Giles delivers several services targeting the specific health needs of its population, including diabetes management, comprehensive physical, speech, occupat ional therapy programs, and participation in cardiac rehab and disease management programs . Giles provides an emergency department with 24-hour care and emergency transportation. W ith 10,440 visits, Giles emergency services are a critical component of the health safety net in its service area, acting as a primary health provider for a significant number of u ninsured patients, who comprise nearly 6 percent of ED visits. Giles supports community sc reenings and education on chronic disease prevention and management, sponsoring 2,595 even ts that touch over 6,248 people, as well as providing essential support and coordination f or a community-based medication assistance program. In furtherance of its mission, Giles p rovides extensive uncompensated care. Stated at cost, financial assistance and unreimburse d Medicaid costs for the year exceeded $862,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 11f Disclosure of Uncertain Tax Positions	Management has evaluated their income tax positions under the guidance included in ASC 740 . Based on their review, management has not identified any material uncertain tax position s to be recorded or disclosed in the financial statements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a 1099's	1099s are issued on Carilion Giles Community Hospital's behalf by Carilion Services, Inc., a related supporting organization providing management and administrative services, including payment processing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Nancy Howell Agee, Jennifer Bennett Grube, Nicholas Conte, William Flattery, David Hagador n, Donald Halliwill, Melissa Stump, Steve Arner, Michael Helvey, and G. Robert Vaughan, Jr . - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Delegation of management duties	Certain management and related services for the organization are provided by the managemen t and employees of Carilion Services, Inc., a related and supporting organization of the f iling organization. Some or all of the compensation of the following individuals listed in Part VII, Section A was provided by Carilion Services Inc.: Nancy Howell Agee, Steve Arne r, Nicholas Conte, David Hagadorn, Donald Halliwill, Melissa Stump, and G. Robert Vaughan, Jr.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The sole member of the organization, Carilion Clinic, holds reserved powers with respect t o certain enumerated actions, including appointment of CEO; approval of borrowings, budget s, and strategic plans; and amendments of Articles of Incorporation and Bylaws. Approval b y the Board of Directors of Carilion Clinic is required for such actions. In addition to t he reserved powers, under the laws of the Commonwealth of Virginia, certain extraordinary actions require member approval, such as mergers, consolidations, liquidations, and the sa le of substantially all of the assets of the organization. See also Schedule O disclosure for Form 990, Part VI, Section A, Line 7a.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 was prepared by Carilion's internal Tax Department with input from various Ca rilion departments, as applicable, and reviewed by internal Accounting management and an i ndependent CPA firm. Several days prior to filing, all Board Members were notified via ema il of its availability on Carilion's Board portal, which is the mechanism used to dissemin ate meeting materials to the directors, and directors were encouraged to call with any que stions they might have.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Our organization monitors and reviews proposed and current transactions for conflicts of i nterest in a variety of ways. At the governing board level, we have board members complete an initial (upon appointment) and annual conflict of interest questionnaire to disclose a ctual or potential conflicts. Board members are required to update their disclosure as nee ded in between questionnaires. All disclosures are reviewed by the Organizational Integrit y & Compliance Office and as needed escalated to the appropriate leaders/board members for further discussion/review. If a disclosure is viewed as an actual or potential conflict, an action is recommended to the Compliance Committee of the Carilion Clinic Board and impl emented as approved. Actions can include recusal in discussion/voting at board meetings, l imitation/termination of the transaction, removal from board appointment or other appropri ate controls. In addition, at any time, board members are encouraged to disclose any poten tial conflicts as they arise at a board meeting and to recuse themselves as deemed appropr iate. The same process takes place as described above for key employees (upon hire and ann ually thereafter), including all Officers, members of the management team, physicians/mid-level practitioners, pharmacists and key supply chain buyers. After review and further dis cussion as needed, action may be required to manage an actual conflict or to reduce the ap pearance of such as approved by Organizational Integrity & Compliance Office and other key management team members. As needed, the governing board leaders are notified of any confl icts which may impact board proceedings.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The organization has a single member, Carilion Clinic, a charitable tax-exempt organizatio n which serves as the parent company of the Carilion Clinic integrated health care deliver y system. Executive compensation is reviewed annually by the Carilion Clinic Board of Dire ctors Compensation Committee. This Committee is made up of Board Members of Carilion Clini c who do not have a conflict of interest with any of the executives being reviewed. With r espect to Carilion Clinic, the Compensation Committee reviews the compensation of the Boar d of Governors annually, which includes the President and Chief Executive Officer, the Exe cutive Vice Presidents (Chief Financial Officer, Chief Medical Officer, Chief Operating Of ficer, Chief Administrative Officer and Chief Legal Officer), and select Senior Vice Presi dents who are the physician Chairs of the Clinical Departments. For the fiscal year covere d by this return, the Compensation Committee also used the same process to review the comp ensation of other Disqualified Individuals, including the Hospital Vice Presidents. In add ition, the Compensation Committee annually reviews the compensation philosophy for all exe cutive leaders, which includes Vice Presidents, Senior Vice Presidents, Executive Vice Pre sidents, and the CEO, as well as the compensation philosophy for employed physicians. Some officers of the organization who are not compensated in their capacity as an officer but rather in their role as employee in a position not mentioned above are not subject to Comm ittee review. This review included review of a comprehensive report from an independent, o utside compensation consultant specializing in healthcare organizations for select positio ns and the prior year's report on all of the reviewed positions. The reports reviewed by t he Committee included a detailed comparison of total compensation and each element thereof , including base salary, bonus, 'at-risk' and other cash compensation, and benefits, inclu ding deferred and retirement benefits. Compensation was compared to both a national and re gional peer group of organizations similar in size and structure to the organization, the list of which was reviewed by the Compensation Committee. The Compensation Committee maint ained detailed minutes of its meetings, setting forth the deliberations and decisions of t he Committee regarding the compensation of these executives.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See response to line 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's governing documents, conflict of interest statement, and financial stat ements are released from time to time during the tax year upon request. The conflict of in terest policy is included in our Code of Excellence which is available to the public on ou r website. The Articles of Incorporation are available from the Virginia State Corporation Commission. Limited financial information is available on our website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	MISCELLANEOUS - Total Revenue: -25770, Related or Exempt Function Revenue: -25770, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; COURT COST RECOVERY - Total Revenue: 6860, Related or Exempt Function Revenue: 6860, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; COMMUNITY HEALTH CLINIC - Total Revenue: 374, Related or Exempt Function Revenue: 374, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTHER REVENUE - Total Revenue: 16601, Related or Exempt Function Revenue: 16601, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OUTSIDE PURCHASED SERVICE - Total Revenue: 3600, Related or Exempt Function Revenue: 3600, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; EMPLOYEE DRUG SALES TAXABLE - Total Revenue: 3493, Related or Exempt Function Revenue: 3493, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; MEDICAL RECORD TRANSCRIPT FEES - Total Revenue: 1500, Related or Exempt Function Revenue: 1500, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; RETURNED CHECK FEES - Total Revenue: 35, Related or Exempt Function Revenue: 35, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTHER CONTRACT REVENUE - Total Revenue: 3520, Related or Exempt Function Revenue: 3520, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; MEDICAID REV PRIOR YEAR CORRECTION - Total Revenue: 33450, Related or Exempt Function Revenue: 33450, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 20 Tax-Exempt Bond Liabilities	The amount reported as Tax-Exempt Bonds is the portion of Carilion Clinic Bonds allocated to Carilion Giles Community Hospital. Required information for the Bonds, including Schedule K, is reported in the Carilion Clinic (EIN: 54-1190771) IRS Form 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Pension-related changes other than net periodic pension costs - -150496; Transfers from/(to) Affiliates - -693956;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Heading, Box B Amended Return	This Form 990 is amended by the original extended filing due date in order to attach a com plete copy of the organization's consolidated audit which had some pages omitted on the or iginal submission.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Carilion Giles Community Hospital

Employer identification number
54-0549603

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CARILION CLINIC MEDICARE SHARED SAVINGS COMPANY LLC PO BOX 12385 ROANOKE, VA 24025 45-5235473	MEDICARE HMO	VA	NA	N/A								
(2) FRANKLIN COUNTY VENTURES LLC PO BOX 12385 ROANOKE, VA 24025 47-4365316	REAL ESTATE	VA	NA	N/A								
(3) RAVEN ASSET-BASED OPPORTUNITY FUND IV LP 110 Greene Street Suite 9G New York, NY 10012 82-4119491	PRIVATE EQUITY	DE	NA	N/A								
(4) SOUTHWEST VIRGINIA HEALTH PROPERTIES LLC 1102 Jefferson Street Roanoke, VA 24016 01-0691570	REAL ESTATE	VA	NA	N/A								
(5) STARWOOD VEP II CO-INVEST LLC 591 W Putnam Avenue Grennwich, CT 06830 83-3262407	INVESTMENTS	DE	NA	N/A								
(6) TI PLATFORM CC SMA LP 1160 Battery Street East San Francisco, CA 94111 84-2852539	INVESTMENTS	DE	NA	N/A								

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 54-0549603
Name: Carilion Giles Community Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 12385 ROANOKE, VA 24025 54-1190771	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type II	NA		No
PO BOX 12385 ROANOKE, VA 24025 54-1190773	FUNDRAISING	VA	501(c)(3)	7	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0480606	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0506332	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0553805	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-1190879	SUPPORTING ORGANIZATION	VA	501(c)(3)	Type II	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-0568001	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
PO BOX 12385 ROANOKE, VA 24025 54-6074580	HEALTHCARE	VA	501(c)(3)	3	CARILION CLINIC	Yes	
159 Hartley Way Pearisburg, VA 24134 54-1522205	HEALTHCARE SUPPORT	VA	501(c)(3)	PF	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CARILION CLINIC MEDICARE RESOURCES LLC PO BOX 12385 ROANOKE, VA 24025 26-3729975	MEDICARE HMO	VA	NA	C Corporation				Yes	
CHS INC PO BOX 12385 ROANOKE, VA 24025 54-1725732	SERVICES	VA	NA	C Corporation				Yes	
CARILION BEHAVIORAL HEALTH INC PO BOX 12385 ROANOKE, VA 24025 20-3136891	HEALTHCARE	VA	NA	C Corporation				Yes	
CARILION EMERGENCY SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-2033006	HEALTHCARE	VA	NA	C Corporation				Yes	
SCA CREDIT SERVICES INC PO BOX 12385 ROANOKE, VA 24025 54-1180398	COLLECTION AGENCY	VA	NA	C Corporation				Yes	
CARILION HEALTHCARE CORPORATION PO BOX 12385 ROANOKE, VA 24025 54-1586601	HEALTHCARE	VA	NA	C Corporation				Yes	
MEDKEY INC PO BOX 12385 ROANOKE, VA 24025 54-1645357	FINANCING SERVICES	VA	NA	C Corporation				Yes	
SPROTT PRIVATE RESOURCE LENDING (C-CO-INVEST) LP 98-1378742	INVESTMENTS	CA	NA	C Corporation				Yes	
BLACKMOOR OWNERSHIP HOLDINGS LIMITED	INVESTMENTS	CJ	NA	C Corporation				Yes	
MAGNITUDE SYSTEMATIC LONGSHORT FUND	INVESTMENTS	CJ	NA	C Corporation				Yes	
TANGIBLE SEGREGATED PORTFOLIO OF THE SOUTH AFRICA ALPHA SPC	INVESTMENTS	CJ	NA	C Corporation				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CARILION HEALTHCARE CORPORATION	A	11,675	COST
CARILION MEDICAL CENTER	M	487,032	COST
CARILION SERVICES INC	M	5,106,166	COST
CHS INC	M	135,664	COST
CARILION HEALTHCARE CORPORATION	M	969,446	COST
CARILION SERVICES INC	R	693,956	Cash
CARILION NEW RIVER VALLEY MEDICAL CENTER	A	5,602	COST