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Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

Striving to provide the best health care to every patient, every day

2

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

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 542,803,482 including grants of \$ 228,012) (Revenue \$ 828,416,849)

CAMC is West Virginia's largest medical center with over 7,470 employees and 586 medical staff CAMC is licensed for 838 beds at three campuses and our health care services delivery focuses on providing a full range of inpatient and outpatient services as a tertiary regional referral center, teaching and safety net hospital As a regional referral center, CAMC has one of only two state Level 1 Trauma Centers, a Level III Neonatal ICU, a Pediatric ICU, a TJC-Certified Primary Stroke Center, and Banatric Center of Excellence CAMC is the primary medical safety net provider of women and children's and trauma services in central and southern West Virginia and provides 23% of the charity care in the state There were inpatient days of 209,295, outpatient visits of 584,748, emergency department visits of 81,709 and deliveries of 2,984 in 2009

4b

(Code) (Expenses \$ 25,084,115 including grants of \$ 8,205,526) (Revenue \$)

CAMC has established medical and allied health education excellence as a core competency Provision and support for education include training for interns and residents, nurses, anesthesiologists and other personnel 85 WVU/WVSOM medical students trained at CAMC hospitals and 171 medical residents were employed by CAMC CAMC provided faculty support to the University of Charleston helping educate 56 students, assisted 81 employees through student loan forgiveness, and distributed 319 scholarships

4c

(Code) (Expenses \$ 108,736,864 including grants of \$ 154,018) (Revenue \$ 554,545)

CAMC does much more than just provide health care, being involved in nearly every aspect of the lives and well being of the community CAMC offered 90 programs which served an estimated 120,756 people CAMC provided acute inpatient and outpatient hospital services including unreimbursed charity care at cost of \$18,776,672 and bad debts at cost of \$21,170,643 Creative, state-of-the-art programs and services are provided to serve our community-particularly the needs of the low income, elderly, and other vulnerable persons Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit criteria 1) Improves access to health care services 2) Enhances health of the community 3) Advances medical or health care knowledge 4) Relieves or reduces the burden of government or other community efforts

4d

Other program services (Describe in Schedule O)














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

4e

Total program service expenses

\$ 676,624,461

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? 	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? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ 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.		
	◆ 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.		
	◆ 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.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	424	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	7,470	
	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 this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	17	
b	Enter the number of voting members that are independent . . .	1b	11	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Larry Hudson 501 Morris Street Charleston, WV 253010000 (304) 388-7603

1b	Total	8,831,947	23,779	2,701,255
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶246

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Siemens Medical Solutions Dept AT 40065 Altanta, GA 40065	IT Service & Support	14,815,918
WVU Physicians of Charleston 3110 MacCorkle SE Charleston, WV 25304	GME/Physician Services	12,633,184
Air Methods Corp PO Box 676592 Dallas, TX 752676592	Medical Services	2,469,849
Physicians Dialysis Acq Inc PO Box 403008 Alanta, GA 303843008	Physician Services	2,165,476
Maynard C Smith Construction Company I PO Box 11888 Charleston, WV 25339	General Contractor	2,032,500

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶128

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	212,420				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			212,420			
Program Service Revenue			Business Code					
	2a	Patient Revenue	621,990	794,165,428	794,165,428			
	b	Lab Services	621,500	7,767,390		6,672,557	1,094,833	
	c	Pharmacy	446,110	7,373,039			7,373,039	
	d	Cafeteria/Vending	721,000	5,043,855			5,043,855	
	e	Rental (Non-res)	531,120	4,404,400	930,540	10,800	3,463,060	
	f	All other program service revenue		9,725,651	5,721,826	967,793	3,036,032	
	g	Total. Add lines 2a-2f			828,479,763			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			2,197,887		52,744	2,145,143
	4	Income from investment of tax-exempt bond proceeds . . .			1,712,069			1,712,069
	5	Royalties			1,734			1,734
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		44,599,832		5,004				
		45,847,312		17,158				
		-1,247,480		-12,154				
	d	Net gain or (loss)			-1,259,634			-1,259,634
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
Less direct expenses		b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Laundry	812,300	740,568		740,568			
b	Affiliate Transfer	541,610	485,816	485,816				
c	Medical Center Inn	721,110	404,610		404,610			
d	All other revenue		266,684		266,684			
e	Total. Add lines 11a-11d			1,897,678				
12	Total revenue. See Instructions			833,241,917	801,303,610	9,115,756	22,610,131	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,120,606	8,120,606		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	466,950	466,950		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,421,733	120,314	8,301,419	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,150,862	629,270	521,592	
7	Other salaries and wages	258,309,695	227,372,221	30,937,474	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,523,931	8,116,580	1,407,351	
9	Other employee benefits	49,465,870	42,156,302	7,309,568	
10	Payroll taxes	19,009,418	15,735,024	3,274,394	
11	Fees for services (non-employees)				
a	Management	2,045,641	1,670,286	375,355	
b	Legal	1,947,325		1,947,325	
c	Accounting	341,933		341,933	
d	Lobbying	170,203		170,203	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	558,579		558,579	
g	Other	54,843,322	31,759,536	23,083,786	
12	Advertising and promotion	1,118,737	67,430	1,051,307	
13	Office expenses	171,670,221	166,172,943	5,497,278	
14	Information technology	8,166,915	296,494	7,870,421	
15	Royalties				
16	Occupancy	18,059,774	12,759,794	5,299,980	
17	Travel	1,380,074	909,432	470,642	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	614,718	429,917	184,801	
20	Interest	14,858,614		14,858,614	
21	Payments to affiliates	12,550,111	12,550,111		
22	Depreciation, depletion, and amortization	34,374,843	16,806,637	17,568,206	
23	Insurance	8,137,625	7,311,446	826,179	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Prov For Uncollectible	54,321,614	53,774,113	547,501	0
b	Charity Allowance	47,296,404	47,296,404	0	0
c	Other Expenses	21,123,523	4,954,959	16,168,564	
d	Provider Tax	15,802,852	15,802,852	0	0
e	Preventative Maintenanc	7,179,430	1,344,840	5,834,590	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	831,031,523	676,624,461	154,407,062	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			31,563	1	31,940
	2	Savings and temporary cash investments			66,930,309	2	80,119,022
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			125,365,189	4	120,123,749
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			23,611	7	91,562
	8	Inventories for sale or use			12,986,074	8	14,810,830
	9	Prepaid expenses and deferred charges			12,855,797	9	4,728,481
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	772,750,280			
	b	Less accumulated depreciation	10b	503,109,242	261,006,301	10c	269,641,038
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			20,269,492	12	20,703,695
	13	Investments—program-related See Part IV, line 11			31,351,717	13	37,104,398
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			119,458,084	15	91,199,985
	16	Total assets. Add lines 1 through 15 (must equal line 34)			650,278,137	16	638,554,700
Liabilities	17	Accounts payable and accrued expenses			168,863,267	17	100,449,410
	18	Grants payable				18	
	19	Deferred revenue			12,924,370	19	11,323,036
	20	Tax-exempt bond liabilities			284,255,000	20	304,909,137
	21	Escrow or custodial account liability Complete Part IV of Schedule D			91,171	21	106,196
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			16,356,053	23	18,367,115
	24	Unsecured notes and loans payable to unrelated third parties			1,141,160	24	813,105
	25	Other liabilities Complete Part X of Schedule D			56,631,692	25	45,107,865
	26	Total liabilities. Add lines 17 through 25			540,262,713	26	481,075,864
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			89,498,798	27	132,447,242
	28	Temporarily restricted net assets			10,149,328	28	14,402,507
	29	Permanently restricted net assets			10,367,298	29	10,629,087
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			110,015,424	33	157,478,836
	34	Total liabilities and net assets/fund balances			650,278,137	34	638,554,700

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 . . .	Yes	

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Charleston Area Medical Center Inc	Employer identification number 55-0526150
--	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		4,756
	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?	Yes		240,755
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		1,265
j Total lines 1c through 1i				246,776
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Legislative dinner-\$1265.00. Occasionally, individuals are asked by legislators for opinions on certain issues and the process of health-related legislation. There are periodic meetings and communications between CAMC representatives and legislative officials concerning health issues, usually in a general manner, rather than for or against any specific bill per se.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☒

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	20,516,626	26,766,284			
b Contributions	1,047,818	906,169			
c Investment earnings or losses	3,812,540	-5,868,928			
d Grants or scholarships					
e Other expenditures for facilities and programs	311,551	1,268,215			
f Administrative expenses	33,839	18,684			
g End of year balance	25,031,594	20,516,626			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 % %

b

Permanent endowment ▶ 42 000 % %

c

Term endowment ▶ 58 000 % %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

Yes

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,539,828		15,539,828
b Buildings		300,546,501	170,536,804	130,009,697
c Leasehold improvements		4,239,402	3,978,611	260,791
d Equipment		428,997,139	323,552,789	105,444,350
e Other		23,427,410	5,041,038	18,386,372
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				269,641,038

Schedule D (Form 990) 2009

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV, Line 2b		CAMC operates HealthCare Financial Services, which provides collections services to outside clients. Payments that are recovered by the collection department include both the commission portion and the amount due to the outside client. The amount listed in Part X Line 21 reflects the amount CAMC will pay to the client.
Part X	Description of Uncertain Tax Positions Under FIN 48	CAMC is part of the consolidated audit for CAMC Health System, Inc and Subsidiaries (collectively, the "System"). Language regarding FIN 48 included in the consolidated footnotes is as follows: "CAMC, the Foundation, the Institute and CAMC Teays, are exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code (the "Code") and applicable state statutes, but are subject to unrelated business income tax. A provision of \$1,300,000 has been made in the accompanying consolidated financial statements for the year ended December 31, 2008, for estimated unrelated business income tax. The System does not have any material uncertain tax positions at December 31, 2009 and 2008. In September 2009, the FASB issued guidance intended to clarify how pass-through and tax-exempt not-for-profit entities should consider accounting for uncertainty in income taxes. The System adopted guidance for the year ended December 31, 2009, as required, and the adoption did not have a material impact on the System's financial statements."

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Part I

Charity Care and Certain Other Community Benefits at Cost

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

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			34,235,375	0	34,235,375	4 120 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			119,771,502	67,376,000	52,395,502	6 300 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			4,421,851	1,492,000	2,929,851	0 350 %
d Total Charity Care and Means-Tested Government Programs			158,428,728	68,868,000	89,560,728	10 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,578,104	529,095	2,049,009	0 250 %
f Health professions education (from Worksheet 5)			26,270,854	6,653,430	19,617,424	2 360 %
g Subsidized health services (from Worksheet 6)			117,354	0	117,354	0 010 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions to community groups (from Worksheet 8)			174,019	0	174,019	0 020 %
j Total Other Benefits			29,140,331	7,182,525	21,957,806	2 640 %
k Total. Add lines 7d and 7j			187,569,059	76,050,525	111,518,534	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing						
2Economic development						
3Community support			92,728		92,728	0.010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			645		645	0 %
9Other			123,759	25,450	98,309	0.010 %
10Total			217,132	25,450	191,682	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	221,170,643		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	311,940,243		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			
Section B. Medicare			
5Enter total revenue received from Medicare (including DSH and IME)	5215,798,827		
6Enter Medicare allowable costs of care relating to payments on line 5	6292,734,671		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-76,935,844		
8Describe 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices			
9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 WOMEN AND CHILDREN'S MEDICAL OFFICE BUILDING PARTNERSHIP	MEDICAL OFFICE BUILDING	88.670 %	0 %	11.330 %
2 GENERAL DIVISION MEDICAL OFFICE BUILDING PARTNERSHIP	MEDICAL OFFICE BUILDING	79.230 %	0 %	20.770 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CAMC General Hospital 501 Morris Street Charleston, WV 253010000	X	X		X			X		
CAMC Memorial Hospital 3200 MacCorkle Avenue Charleston, WV 253040000	X	X		X			X		
CAMC Women and Children's Hospital 800 Pennsylvania Avenue Charleston, WV 253020000	X	X	X	X			X		
CAMC Phys Therapy & Sports Med Center 200 Tracy Way Charleston, WV 253111258									Rehabilitation Facility
CAMC Urgent Care Center 314 Goff Mountain Road Suite 3 Cross Lanes, WV 253130000									Urgent Care Center
CAMC Occupational Lung Center 600 Morris Street Suite 100 Charleston, WV 253010000									Occupational Lung Center
SVI Laboratory Services 3004 Chesterfield Ave Charleston, WV 253040000									Laboratory Services
CAMC Imaging Center 3416 MacCorkle Ave SE Charleston, WV 253040000									Outpatient Imaging Center
CAMC Wound Healing Center 600 Morris Street Suite 103 Charleston, WV 253010000									Wound Healing Center
CAMC Ambulatory Infusion Center 3100 MacCorkle Ave Suite 101 Charleston, WV 253040000									Ambulatory Infusion Center
CAMC Weight Loss Center 3100 MacCorkle Ave Suite 202 Charleston, WV 253040000									Weight Loss Center

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WVU Medical Corporation 3110 MacCorkle Avenue SE Charleston, WV 253040000	550779739	501(c)(3)	7,453,576				GME Program Support
University of Charleston 2300 MacCorkle Avenue SE Charleston, WV 253040000	550357039	501(c)(3)	285,000				Nursing and Pharmacy Program Support
WV Health Right Inc1520 Washington Street Charleston, WV 253110000	311066881	501(c)(3)	153,807				General Program Support
Ronald McDonald House Charities of Southern West Virginia Inc302 30th Street SE Charleston, WV 253040000	550631080	501(c)(3)	10,228				General Program Support
WV Medical Professionals Health Program4307 MacCorkle Avenue Charleston, WV 253040000	743226821	501(c)(3)	15,000				General Program Support
Fund for the Arts803 Quarrier Street 100 Charleston, WV 253010000	550614854	501(c)(3)	10,000				General Program Support
YWCA of Charleston1114 Quarrier Street Charleston, WV 253010000	550357060	501(c)(3)	8,800				General Program Support
Clay Center for the ArtsOne Clay Square Charleston, WV 253010000	550702471	501(c)(3)	6,000				General Program Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Charleston Area Medical Center Inc

Employer identification number

55-0526150

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	Yes	
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Terms & Conditions of SERP Plan. Vest at age 60, or later, if one time postponement is made prior to age 59. Deferred vesting date cannot be earlier than age 65 or later than age 68. Benefit at age 60 with 30 years of service is computed as the difference between 55% of Final Average Total Compensation and sum of retirement benefits paid from CAMC Qualified Retirement Plan, Non-Qualified Retirement Benefit Restoration Plan, and 50% of projected age 62 Primary Social Security Benefit. Eligible to receive SERP benefits upon earliest of: normal retirement or date elected, if extended; death; disability; involuntary termination without cause. Early retirement at age 55 with at least five years of service reduced 1.83% for each year of service less than 30 and 5% reduction for each month prior to Normal Retirement date. Taxes due upon distribution. Subject to the Substantial Risk of Forfeiture.
	Part I, Line 6	Per employment agreements with Dr. Robert B. Shin and Dr. Daniel L. Stickler II, Bariatric surgeons employed by CAMC. Compensation is contingent upon revenues for these services less applicable expenses.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Charleston Area Medical Center Inc	Employer identification number 55-0526150
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	West Virginia Hospital Finance Authority	62-1256910	956624AQ3	06-19-2008	127,355,000	See Schedule O		X		X
B	West Virginia Hospital Finance Authority	62-1256910	956622ZV9	09-10-2009	179,925,000	See Schedule O		X		X

Part II

Proceeds

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue			129,330,373		178,723,965					
2	Gross proceeds in reserve funds			15,408,842		15,408,842					
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds			37,726,896		4,118,805					
5	Issuance costs from proceeds			3,185,875		2,648,787					
6	Working capital expenditures from proceeds			17,301,803		17,301,803					
7	Capital expenditures from proceeds			57,794,939							
8	Year of substantial completion										
9	Were the bonds issued as part of a current refunding issue?	X			X						
10	Were the bonds issued as part of an advance refunding issue?		X			X					
11	Has the final allocation of proceeds been made?		X			X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X						

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X			X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider	Merrill Lynch Capital Services									
c	Term of hedge	29 2000000000000									
4a	Were gross proceeds invested in a GIC?	X	X								
b	Name of provider	WACHOVIA					WACHOVIA				
c	Term of GIC	29 2000000000000					29 2000000000000				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number

55-0526150

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		David L Ramsey and Tom Potter have a business relationship with each other
Form 990, Part VI, Section A, line 4		The CAMCHSI Board of Directors amended the CAMC Bylaw s on August 26, 2009 to establish term limits for members of the board
Form 990, Part VI, Section A, line 6		CAMC Health System, Inc ("CAMCHSI") is the organization's sole voting member
Form 990, Part VI, Section A, line 7a		CAMCHSI is the organization's sole voting member and has authority to elect all voting trustees of the organization other than ex officio trustees named in the organization's governing documents The sole voting member has the sole authority to amend the organization's governing documents
Form 990, Part VI, Section A, line 7b		CAMCHSI is the organization's sole voting member and has reserved powers under the organization's governing documents, which provide that decisions of the organization's governing body such as election of officers, approval of annual budgets, and borrowings are subject to approval by the sole voting member The sole voting member also has all approval powers provided to members of West Virginia nonprofit corporations under state law
Form 990, Part VI, Section B, line 11		The organization compiles necessary information for Form 990 with various officers and trustees of the organization The return is then prepared and reviewed by an external consultant firm This firm then reviews the completed Form 990 with the CAMC Board of Trustees and Audit Committee
Form 990, Part VI, Section B, line 12c		Corporate officers including the President and Secretary develop the agendas for board meetings and identify potential conflict of interest issues relative to action items and assist the board chairs with resolution of same Annual disclosure procedures are implemented and the board chair and Nominating Committee periodically review conflict situations
Form 990, Part VI, Section B, line 15		The CAMCHSI Board of Directors Compensation Committee selects and supervises an independent consultant who advises the Committee on compensation arrangements and transactions between CAMC Health System companies (including CAMC) and executives (including the CEO) The Committee uses the data to determine the total compensation of the CEO and the executive officers This data is reviewed every two years or when a new person comes into a executive role

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		CAMC is part of a consolidated financial audit for CAMC Health System, Inc and Subsidiaries Consolidated audited financial statements are available on-line at CAMC org They are also filed with the WV Health Care Authority where they are available on-line and in person There is no formal method of making the Bylaw s and Conflict of Interest Policy publicly available, but they are available upon request The Articles of Incorporation are publicly available at the WV Secretary of State's Office

Form 990, Part VII Section A Daniel Smith was compensated by a related organization His average hours per week dedicated to CAMCSHI was 6 FORM 990, SCHEDULE K, PART I, Line A (F) Description of purpose The proceeds for the 2008A Bonds were used to (i) currently refund the Series 1995A Bonds, (ii) pay the costs of certain capital expenditures made, or to be made, by CAMC, refinance a bank loan, and (iv) pay the costs of issuing the Series 2008A Bonds, including certain fees of the bank FORM 990, SCHEDULE K, PART I, Line B (F) Description of purpose The proceeds for the 2009A Bonds were used to (i) currently refund the outstanding principal amount of the 2002 Series A and B Bonds, (ii) pay a portion of a termination payment as a result of termination of hedge agreement in connection with the 2002 Bonds, (iii) fund a debt service reserve fund, and (iv) pay the costs of issuing the 2009 Bonds FORM 990, SCHEDULE K, PART II, Line 5, COLUMN A ISSUANCE COSTS FROM PROCEEDS The portion of these costs that relate to credit enhancement is \$128,820

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

Cat No 51056K

Schedule O (Form 990) 2009

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Women & Children's Medical Office Building Partnership PO Box 1547 Charleston, WV253261547 55-0669065	Medical office Building	WV	CAMC	Related	221,068			No		Yes	
General Division Medical Office Building Partnership PO Box 1547 Charleston, WV253261547 55-0623949	Medical office Building	WV	CAMC	Related	161,533			No		Yes	

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.)

(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
Integrated Health Care Providers Inc PO Box 1547 Charleston, WV253261547 55-0751010	Physicians Offices	WV		C			

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i Yes

1j Yes

1k Yes

1l

1m

1n

1o Yes

1p Yes

1q Yes

1r

No

No

No

No

No

No

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 55-0526150

Name: Charleston Area Medical Center Inc

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	General Division Medical Office Building Partnership	A	44,940
(2)	Women and Children's Medical Office Building Partnership	A	10,000
(3)	CAMC Health System Inc	P	51,701
(4)	General Division Medical Office Building Partnership	D	12,000
(5)	CAMC Health Education and Research Institute Inc	I	256,481
(6)	Integrated Health Care Providers Inc	I	574,281
(7)	Charleston Area Medical Center Foundation Inc	J	1,014,717
(8)	Women and Children's Medical Office Building Partnership	J	908,132
(9)	General Division Medical Office Building Partnership	J	608,445
(10)	Integrated Health Care Providers Inc	J	145,789
(11)	CAMC Health System Inc	K	100,438
(12)	CAMC Teays Valley Hospital Inc	K	1,693,491
(13)	Charleston Area Medical Center Foundation Inc	K	166,511
(14)	CAMC Health Education and Research Institute Inc	K	341,428
(15)	Women and Children's Medical Office Building Partnership	K	95,996
(16)	General Division Medical Office Building Partnership	K	83,697
(17)	Integrated Health Care Providers Inc	K	2,533,108
(18)	CAMC Teays Valley Hospital Inc	O	2,862,147
(19)	Charleston Area Medical Center Foundation Inc	O	4,524
(20)	CAMC Health Education and Research Institute Inc	O	5,953,665
(21)	Integrated Health Care Providers Inc	O	8,397,697
(22)	CAMC Teays Valley Hospital Inc	P	6,396,141
(23)	Charleston Area Medical Center Foundation Inc	P	636,625
(24)	CAMC Health Education and Research Institute Inc	P	2,825,780
(25)	Women and Children's Medical Office Building Partnership	P	101,535
(26)	General Division Medical Office Building Partnership	P	14,708
(27)	Integrated Health Care Providers Inc	P	19,730,850
(28)	CAMC Health System Inc	Q	428,516
(29)	Integrated Health Care Providers Inc	Q	4,422,964

Additional Data

Software ID:

Software Version:

EIN: 55-0526150

Name: Charleston Area Medical Center Inc

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David L Ramsey President & CEO	47 50	X		X				805,824	0	626,789
William A Rice Jr Vice Chairman of the Bd	5 00	X		X				0	0	0
R Thomas Bowden III DO Trustee	2 50	X						0	0	0
Mark A Chandler Trustee	2 50	X						0	0	0
Nelle Ratrie Chilton Trustee	5 00	X						0	0	0
Carol A Egnatoff Trustee	2 50	X						0	0	0
Wetzel E Harvey Trustee	2 50	X						0	0	0
John R Hoblitzell Esq Trustee	2 50	X						0	0	0
William R McDavid Esq Chairman of the Board	5 00	X		X				0	0	0
Steven R Matulis MD Trustee	2 50	X						15,407	0	0
Thomas E Potter Esq Trustee	5 00	X						0	0	0
Linda J Powers Trustee	2 50	X						0	0	0
Gerald N Smith III Trustee	2 50	X						0	0	0
Edwin H Welch PhD Trustee	5 00	X						0	0	0
Steven L McCormick MD Trustee	2 50	X						44,028	0	0
Karen S Price Trustee	2 50	X						0	0	0
James P Griffith MD Trustee	2 50	X						0	0	0
Larry C Hudson Executive VP & CFO	45 00			X				1,275,436	0	77,830
Glenn Crotty Jr MD Executive VP & COO	45 00			X				504,984	0	403,073
Marshall A McMullen Jr Secretary & Gen Counsel	45 00			X				287,088	0	193,206
William D Adams VP Administrator	45 00			X				360,378	0	122,499
Michael D Williams VP Administrator	45 00			X				288,600	0	170,116
S Andrew Weber VP Administrator	45 00			X				191,094	0	104,712
Stephen Z Bell VP Finance	45 00			X				220,389	0	121,738
Robert D Whitler VP Gov't & Comm Affairs	45 00			X				208,785	0	50,764

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth A Samples VP Human Resources	45 00			X				232,391	0	117,130
Lynn Y Brookshire VP Info Sys & CIO	45 00			X				257,323	0	162,165
Elizabeth Spangler MD VP Medical Affairs	45 00			X				342,152	0	51,438
Ronald E Moore VP Prof Prac & CNO	45 00			X				212,003	0	167,335
Robert B Danielson VP Compliance	45 00			X				184,299	0	30,421
Dale R Wood VP System Improv & CQO	45 00			X				297,649	0	121,654
Jeffrey H Goode VP Ambulatory Services	45 00			X				178,437	0	53,712
Robert Shin MD Physician	40 00					X		1,297,416	0	28,715
Daniel Stickler II MD Physician	40 00					X		344,048	0	0
Mark Stevens MD Physician	40 00					X		470,988	0	30,981
Daniel Smith MD Physician	40 00					X		483,986	23,779	32,044
Tzong-WenE Huang MD Physician	40 00					X		329,242	0	34,933
James P Tierney DO Trustee	2 50						X	398,384	0	8

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Revenue	621,990	794,165,428	794,165,428		
Lab Services	621,500	7,767,390		6,672,557	1,094,833
Pharmacy	446,110	7,373,039			7,373,039
Cafeteria/Vending	721,000	5,043,855			5,043,855
Rental (Non-res)	531,120	4,404,400	930,540	10,800	3,463,060

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Prov For Uncollectible	54,321,614	53,774,113	547,501	0
Charity Allowance	47,296,404	47,296,404	0	0
Other Expenses	21,123,523	4,954,959	16,168,564	
Provider Tax	15,802,852	15,802,852	0	0
Preventative Maintenanc	7,179,430	1,344,840	5,834,590	0

Additional Data

Software ID:

Software Version:

EIN: 55-0526150

Name: Charleston Area Medical Center Inc

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
SERP		9,324,572
Umbrella Trust		2,081,427
Estimated Malpractice Claims		20,451,000
Estimated Worker's Comp Claims		2,486,277
A ffiliate Payables		4,483,919
Settlements Due to 3rd Parties		2,165,876
Estimated Retiree Health		3,653,804
W&C MOB Partnership-Minority Interest		270,891

Software ID:

Software Version:

EIN: 55-0526150

Name: Charleston Area Medical Center Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David L Ramsey	(i) 583,955 (ii) 0	(i) 133,787 (ii) 0	(i) 88,082 (ii) 0	(i) 575,222 (ii) 0	(i) 51,567 (ii) 0	(i) 1,432,613 (ii) 0	(i) 39,992 (ii) 0
Larry C Hudson	(i) 334,488 (ii) 0	(i) 65,664 (ii) 0	(i) 875,284 (ii) 0	(i) 59,966 (ii) 0	(i) 17,864 (ii) 0	(i) 1,353,266 (ii) 0	(i) 826,797 (ii) 0
Glenn Crotty Jr MD	(i) 382,393 (ii) 0	(i) 76,161 (ii) 0	(i) 46,430 (ii) 0	(i) 358,343 (ii) 0	(i) 44,730 (ii) 0	(i) 908,057 (ii) 0	(i) 24,546 (ii) 0
Marshall A McMullen Jr	(i) 211,706 (ii) 0	(i) 26,685 (ii) 0	(i) 48,697 (ii) 0	(i) 162,170 (ii) 0	(i) 31,036 (ii) 0	(i) 480,294 (ii) 0	(i) 18,218 (ii) 0
William D Adams	(i) 292,781 (ii) 0	(i) 21,364 (ii) 0	(i) 46,233 (ii) 0	(i) 90,503 (ii) 0	(i) 31,996 (ii) 0	(i) 482,877 (ii) 0	(i) 32,915 (ii) 0
Michael D Williams	(i) 220,168 (ii) 0	(i) 27,912 (ii) 0	(i) 40,520 (ii) 0	(i) 144,730 (ii) 0	(i) 25,386 (ii) 0	(i) 458,716 (ii) 0	(i) 26,428 (ii) 0
S Andrew Weber	(i) 157,256 (ii) 0	(i) 22,849 (ii) 0	(i) 10,989 (ii) 0	(i) 81,621 (ii) 0	(i) 23,091 (ii) 0	(i) 295,806 (ii) 0	(i) 0 (ii) 0
Stephen Z Bell	(i) 156,879 (ii) 0	(i) 25,191 (ii) 0	(i) 38,319 (ii) 0	(i) 94,021 (ii) 0	(i) 27,717 (ii) 0	(i) 342,127 (ii) 0	(i) 19,465 (ii) 0
Robert D Whitler	(i) 151,237 (ii) 0	(i) 20,313 (ii) 0	(i) 37,235 (ii) 0	(i) 17,615 (ii) 0	(i) 33,149 (ii) 0	(i) 259,549 (ii) 0	(i) 14,085 (ii) 0
Beth A Samples	(i) 182,713 (ii) 0	(i) 31,689 (ii) 0	(i) 17,989 (ii) 0	(i) 86,541 (ii) 0	(i) 30,589 (ii) 0	(i) 349,521 (ii) 0	(i) 5,493 (ii) 0
Lynn Y Brookshire	(i) 189,632 (ii) 0	(i) 23,215 (ii) 0	(i) 44,476 (ii) 0	(i) 135,407 (ii) 0	(i) 26,758 (ii) 0	(i) 419,488 (ii) 0	(i) 14,643 (ii) 0
Elizabeth Spangler MD	(i) 248,737 (ii) 0	(i) 29,380 (ii) 0	(i) 64,035 (ii) 0	(i) 14,700 (ii) 0	(i) 36,738 (ii) 0	(i) 393,590 (ii) 0	(i) 0 (ii) 0
Ronald E Moore	(i) 168,554 (ii) 0	(i) 27,564 (ii) 0	(i) 15,885 (ii) 0	(i) 149,066 (ii) 0	(i) 18,269 (ii) 0	(i) 379,338 (ii) 0	(i) 2,952 (ii) 0
Robert B Danielson	(i) 147,335 (ii) 0	(i) 8,611 (ii) 0	(i) 28,353 (ii) 0	(i) 14,061 (ii) 0	(i) 16,360 (ii) 0	(i) 214,720 (ii) 0	(i) 0 (ii) 0
Dale R Wood	(i) 234,602 (ii) 0	(i) 36,033 (ii) 0	(i) 27,014 (ii) 0	(i) 110,984 (ii) 0	(i) 10,670 (ii) 0	(i) 419,303 (ii) 0	(i) 14,774 (ii) 0
Jeffrey H Goode	(i) 145,084 (ii) 0	(i) 21,735 (ii) 0	(i) 11,618 (ii) 0	(i) 30,227 (ii) 0	(i) 23,485 (ii) 0	(i) 232,149 (ii) 0	(i) 0 (ii) 0
Robert Shin MD	(i) 1,297,386 (ii) 0	(i) 0 (ii) 0	(i) 30 (ii) 0	(i) 9,800 (ii) 0	(i) 18,915 (ii) 0	(i) 1,326,131 (ii) 0	(i) 0 (ii) 0
Daniel Stickler II MD	(i) 344,018 (ii) 0	(i) 0 (ii) 0	(i) 30 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 344,048 (ii) 0	(i) 0 (ii) 0
Mark Stevens MD	(i) 467,458 (ii) 0	(i) 3,500 (ii) 0	(i) 30 (ii) 0	(i) 11,339 (ii) 0	(i) 19,642 (ii) 0	(i) 501,969 (ii) 0	(i) 0 (ii) 0
Daniel Smith MD	(i) 473,236 (ii) 23,779	(i) 10,720 (ii) 0	(i) 30 (ii) 0	(i) 12,438 (ii) 0	(i) 19,606 (ii) 0	(i) 516,030 (ii) 23,779	(i) 0 (ii) 0
Tzong-WenE Huang MD	(i) 309,436 (ii) 0	(i) 7,000 (ii) 0	(i) 12,806 (ii) 0	(i) 14,700 (ii) 0	(i) 20,233 (ii) 0	(i) 364,175 (ii) 0	(i) 0 (ii) 0

Additional Data

Software ID:
Software Version:
EIN: 55-0526150
Name: Charleston Area Medical Center Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kathy Crotty	Family member of Glenn Crotty Jr , Officer	23,985	Employed by organization		No
Rick Crotty	Family member of Glenn Crotty Jr , Officer	47,775	Employed by organization		No
Barbara Covelli	Family member of Glenn Crotty Jr , Officer	76,419	Employed by organization		No
Donna Bell	Family member of Stephen Bell, Officer	156,602	Employed by organization		No
Michael Samples	Family member of Beth A Samples, Officer	77,573	Employed by organization		No
Glenda Bryant	Family member of Ronald Moore, Officer	56,594	Employed by organization		No
TerraCare Inc	Entity more than 35% owned by Nelle Chilton, Trustee	237,000	Purchased Services		No
BB&T	Entity's Board Member, Nelle Chilton, is a CAMC Trustee	564,884	Purchased Services		No
Kay Casto & Chaney PLLC	Partnership more than 5% owned by John R Hoblitzell, Trustee	132,000	Purchased Services		No
Charles Ryan Associates	Entity's Officer, Mark A Chandler, is a CAMC Trustee	177,164	Purchased Services		No