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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Charleston Area Medical Center Inc

Doing business as

CAMC

Number and street (or P O box if mail is not delivered to street address)

PO Box 1547

Room/suite

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

Charleston, WV 253261547

F Name and address of principal officer

Larry Hudson

501 Morris Street

Charleston, WV 25301

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () (insert no)☐ 4947(a)(1) or ☐ 527

J Website:

www.camc.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1971

M State of legal domicile

WV

Part I

Summary

| | | | |
|-----------------------------|--|--|--|
| Activities & Governance | <div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>Striving to provide the best health care to every patient, every day Charleston Area Medical Center, Inc 's ("CAMC") primary charitable exempt purpose is to provide hospital care, without distinction, for all the inhabitants of the City of Charleston, State of WV and elsewhere, to promote legitimate methods for the prevention of disease and positive promotion of health (both personal and public), and to foster and conduct education in medicine in all its branches and adjunct arts and sciences, such as nursing and technical occupations, which contribute to the diagnosis, treatment and prevention of disease CAMC owns and operates four seperately-licensed hospitals as a tertiary-care academic medical center designed to provide care for community residents throughout every stage of life CAMC patients depend on CAMC to provide convenient and compassionate care delivered regardless of a patient's ability to pay</div> | | |
| | <div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div> | | |
| | <div>3</div> <div>Number of voting members of the governing body (Part VI, line 1a)</div> | <div>3</div> | 17 |
| | <div>4</div> <div>Number of independent voting members of the governing body (Part VI, line 1b)</div> | <div>4</div> | 13 |
| | <div>5</div> <div>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</div> | <div>5</div> | 7,996 |
| | <div>6</div> <div>Total number of volunteers (estimate if necessary)</div> | <div>6</div> | 325 |
| | <div>7a</div> <div>Total unrelated business revenue from Part VIII, column (C), line 12</div> | <div>7a</div> | 8,635,876 |
| | <div>b</div> <div>Net unrelated business taxable income from Form 990-T, line 34</div> | <div>7b</div> | 947,218 |
| | | | |
| | | | |
| Revenue | <div>8</div> <div>Contributions and grants (Part VIII, line 1h)</div> | <div>Prior Year</div> <div>2,537,667</div> | <div>Current Year</div> <div>9,303,590</div> |
| | <div>9</div> <div>Program service revenue (Part VIII, line 2g)</div> | 969,174,674 | 988,230,767 |
| | <div>10</div> <div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div> | 23,977,558 | 16,048,964 |
| | <div>11</div> <div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div> | 1,614,490 | 2,009,243 |
| | <div>12</div> <div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div> | 997,304,389 | 1,015,592,564 |
| | <div>13</div> <div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div> | 1,794,378 | 1,636,064 |
| | <div>14</div> <div>Benefits paid to or for members (Part IX, column (A), line 4)</div> | 0 | 0 |
| Expenses | <div>15</div> <div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div> | 368,032,788 | 399,058,500 |
| | <div>16a</div> <div>Professional fundraising fees (Part IX, column (A), line 11e)</div> | 0 | 0 |
| | <div>b</div> <div>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/>0</div> | | |
| | <div>17</div> <div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div> | 584,369,189 | 550,677,666 |
| | <div>18</div> <div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div> | 954,196,355 | 951,372,230 |
| | <div>19</div> <div>Revenue less expenses Subtract line 18 from line 12</div> | 43,108,034 | 64,220,334 |
| | | | |
| Net Assets or Fund Balances | | <div>Beginning of Current Year</div> | <div>End of Year</div> |
| | <div>20</div> <div>Total assets (Part X, line 16)</div> | 889,754,010 | 977,121,830 |
| | <div>21</div> <div>Total liabilities (Part X, line 26)</div> | 566,875,501 | 602,848,935 |
| | <div>22</div> <div>Net assets or fund balances Subtract line 21 from line 20</div> | 322,878,509 | 374,272,895 |

Part II

Signature Block

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

Sign Here

Signature of officer

Larry Hudson Executive VP & CFO

Date

2015-11-12

Print/Type preparer's name

Laura Gillespie

Preparer's signature

Laura Gillespie

Date

Check ☐ if self-employed

PTIN P00855604

Firm's name

Deloitte Tax LLP

Firm's EIN

86-1065772

Firm's address

111 S Wacker Drive

Chicago, IL 60606

Phone no

(312) 486-1000

Paid Preparer Use Only

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

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

4a

(Code) (Expenses \$ 641,278,496 including grants of \$ 413,771) (Revenue \$ 959,077,887)

CAMC is West Virginia's largest medical center with over 6,917 employees and 761 medical staff CAMC is licensed for 908 beds at four 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 DNV-Certified Primary Stroke Center, and Bariatric 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 20% of the charity care in the state There were inpatient days of 207,595, outpatient visits of 521,261, emergency department visits of 95,122 and deliveries of 2,867 in 2014 CAMC gives back to the community because we understand the impact that high quality medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people

4b

(Code) (Expenses \$ 34,866,876 including grants of \$ 1,074,229) (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 124 WVU/WVSOM medical students trained at CAMC hospitals and 174 medical residents were employed by CAMC CAMC provided faculty support to the University of Charleston helping educate pharmacy students, nursing students and physician assistance program CAMC assisted 103 employees through student loan forgiveness, and distributed 405 scholarships

4c

(Code) (Expenses \$ 80,252,402 including grants of \$ 148,064) (Revenue \$ 642,245)

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 73 programs which served an estimated 43,915 people CAMC provided acute inpatient and outpatient hospital services including unreimbursed charity care at cost of \$10,614,844 and bad debts at cost of \$24,245,869 Creative, state-of-the-art programs and services are provided to our community 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 ▶ 756,397,774

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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 | Yes | |
| 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), 501(c)(4), and 501(c)(29) 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | Yes | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 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)? | | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | | No |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | 0 |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders. | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | |
| 13c | Enter the amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

| | | | |
|--|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 17 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 13 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 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 governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

Section B. Policies

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

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | No |
| b | Other officers or key employees of the organization | 15b | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | Larry Hudson |

501 Morris Street
Charleston, WV 25301 (304) 388-7603

Part VII

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

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

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

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

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

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

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

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

Part VII

[illegible]

| | | | | |
|-----------|--|-----------|---|-----------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 9,557,485 | 0 | 2,694,466 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶282

| | | 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 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Maynard C Smith Construction Company PO Box 11888 Charleston, WV 25339 | Contractor Services | 26,108,386 |
| Siemens Medical Solutions PO Box 120001 Dallas, TX 75312 | IT Service and Support | 25,820,136 |
| Raymond James and Associates Inc PO Box 15818 St Petersburg, FL 33733 | Investment Consulting | 20,085,819 |
| West Virginia Univ Physicians of Char 3110 MacCorkle Ave SE Charleston, WV 25304 | GME/Physician Services | 15,995,030 |
| Jones Lang LaSalle 33845 Treasury Center Chicago, IL 60694 | Property Managements Services | 3,873,983 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶211

Part VIII

Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|-----------------------|--|-------------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | |
| | b | Membership dues 1b | | | | |
| | c | Fundraising events 1c | | | | |
| | d | Related organizations 1d | 9,152,864 | | | |
| | e | Government grants (contributions) 1e | 150,726 | | | |
| | 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 | 9,303,590 | | | |
| Program Service Revenue | 2a | Patient Revenue | Business Code 621990 | 947,981,535 | 947,981,535 | |
| | b | Pharmacy | 446110 | 9,579,975 | 57,241 | 9,522,734 |
| | c | Lab Services | 621500 | 8,608,098 | 50,604 | 8,529,753 |
| | d | Cafetera/Vending | 721000 | 6,465,921 | | 6,465,921 |
| | e | Rental (non residentia | 531120 | 5,321,842 | 1,537,421 | 0 |
| | f | All other program service revenue | | 10,273,396 | 7,902,477 | 48,882 |
| | g | Total. Add lines 2a-2f | | 988,230,767 | | 2,322,037 |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 14,790,537 | 238,852 | | 14,551,685 |
| | 4 | Income from investment of tax-exempt bond proceeds | 105,137 | | | 105,137 |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | | | 76,256,786 | 35,543 | | |
| | | | | | | |
| | | | | | | |
| | b | Less cost or other basis and sales expenses | 75,124,829 | 14,210 | | |
| | c | Gain or (loss) | 1,131,957 | 21,333 | | |
| | d | Net gain or (loss) | 1,153,290 | | | 1,153,290 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from fundraising events | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | |
| | b | Less cost of goods sold b | | | | |
| | c | Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue | | Business Code | | | |
| | 11a | Laundry | 812300 | 1,387,042 | 1,387,042 | |
| | b | Medical Center Inn | 721110 | 406,932 | 406,932 | |
| | c | Affiliate Transfers | 541610 | 211,602 | 211,602 | |
| | d | All other revenue | | 3,667 | 3,667 | |
| | e | Total. Add lines 11a-11d | | 2,009,243 | | |
| | 12 | Total revenue. See Instructions | 1,015,592,564 | 959,720,132 | 8,635,876 | 37,932,966 |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,191,039 | 1,191,039 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22. | 445,025 | 445,025 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 9,766,434 | | 9,766,434 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 935,414 | 338,299 | 597,115 | |
| 7 | Other salaries and wages. | 295,173,463 | 250,883,938 | 44,289,525 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 10,878,548 | 8,964,936 | 1,913,612 | |
| 9 | Other employee benefits. | 60,644,489 | 50,207,592 | 10,436,897 | |
| 10 | Payroll taxes. | 21,660,152 | 17,804,129 | 3,856,023 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | 5,492,576 | 2,652,064 | 2,840,512 | |
| b | Legal. | 2,719,579 | | 2,719,579 | |
| c | Accounting. | 601,786 | | 601,786 | |
| d | Lobbying. | 115,477 | | 115,477 | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | 1,207,777 | | 1,207,777 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 75,066,199 | 46,292,428 | 28,773,771 | |
| 12 | Advertising and promotion. | 1,548,303 | 114,265 | 1,434,038 | |
| 13 | Office expenses. | 3,502,106 | 908,620 | 2,593,486 | |
| 14 | Information technology. | 9,941,557 | 481,099 | 9,460,458 | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 17,835,537 | 11,702,154 | 6,133,383 | |
| 17 | Travel. | 2,230,789 | 919,819 | 1,310,970 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 207,145 | 110,032 | 97,113 | |
| 20 | Interest. | 16,318,617 | | 16,318,617 | |
| 21 | Payments to affiliates. | 52,929,186 | 52,929,186 | | |
| 22 | Depreciation, depletion, and amortization. | 33,869,189 | 18,669,006 | 15,200,183 | |
| 23 | Insurance. | 7,820,808 | 68,015 | 7,752,793 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a | Medical Supplies | 198,145,818 | 195,694,054 | 2,451,764 | 0 |
| b | Prov. For Uncollectible | 40,449,295 | 40,111,052 | 338,243 | 0 |
| c | Charity Allowance | 32,101,298 | 32,101,298 | 0 | 0 |
| d | Provider Tax | 19,115,046 | 19,115,046 | 0 | 0 |
| e | All other expenses | 29,459,578 | 4,694,678 | 24,764,900 | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 951,372,230 | 756,397,774 | 194,974,456 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) |
|-----------------------------|---|--|----------------|-------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 35,285 | 1 | 39,200 |
| | 2 | Savings and temporary cash investments | | 224,637,657 | 2 | 243,140,021 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 107,050,786 | 4 | 122,901,490 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 750,343 | 7 | 396,653 |
| | 8 | Inventories for sale or use | | 16,272,808 | 8 | 17,861,382 |
| | 9 | Prepaid expenses and deferred charges | | 5,175,371 | 9 | 5,443,663 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a980,761,294 | | | |
| | b | Less accumulated depreciation | 10b636,103,995 | 283,164,770 | 10c | 344,657,299 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 28,969,287 | 12 | 29,271,412 |
| | 13 | Investments—program-related See Part IV, line 11 | | 124,414,605 | 13 | 115,908,525 |
| | 14 | Intangible assets | | 4,822,465 | 14 | 4,308,670 |
| | 15 | Other assets See Part IV, line 11 | | 94,460,633 | 15 | 93,193,515 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 889,754,010 | 16 | 977,121,830 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 100,528,118 | 17 | 120,122,518 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 9,626,344 | 19 | 11,369,636 |
| | 20 | Tax-exempt bond liabilities | | 292,977,525 | 20 | 309,965,940 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 69,066 | 21 | 28,687 |
| | 22 | Loans and other 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 | | 89,890,435 | 23 | 90,597,372 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 7,134,535 | 24 | 6,656,711 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 66,649,478 | 25 | 64,108,071 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 566,875,501 | 26 | 602,848,935 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 286,561,948 | 27 | 337,365,435 |
| | 28 | Temporarily restricted net assets | | 24,753,415 | 28 | 25,048,938 |
| | 29 | Permanently restricted net assets | | 11,563,146 | 29 | 11,858,522 |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | | 322,878,509 | 33 | 374,272,895 |
| | 34 | Total liabilities and net assets/fund balances | | 889,754,010 | 34 | 977,121,830 |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|---|----|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,015,592,564 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 951,372,230 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 64,220,334 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 322,878,509 |
| 5 | Net unrealized gains (losses) on investments | 5 | -12,847,093 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 21,145 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 374,272,895 |

Part XII Financial Statements and Reporting

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

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

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) David L Ramsey President, CEO & Trustee | 50 00 6 50 | X | | X | | | | 1,109,204 | 0 | 332,184 |
| (1) John R Hoblitzell Esq Chairman of the Board | 2 50 5 00 | X | | X | | | | 0 | 0 | 0 |
| (2) William A Rice Jr Vice Chairman of Board | 2 50 3 50 | X | | X | | | | 0 | 0 | 0 |
| (3) Gina R Busch MD Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (4) Charles L Capito Jr Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (5) Mark A Chandler Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (6) Fonda Elliot Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (7) James P Griffith MD Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (8) James A Lohan MD Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (9) Thomas E Potter Esq Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (10) Brenda J Powell Trustee | 2 50 2 50 | X | | | | | | 656 | 0 | 0 |
| (11) Linda J Powers Trustee | 2 50 2 50 | X | | | | | | 1,116 | 0 | 0 |
| (12) Karen S Price Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (13) Bryan K Richmond MD Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (14) Steven L Smith Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (15) Kenneth L Tackett Trustee | 2 50 2 50 | X | | | | | | 0 | 0 | 0 |
| (16) Edwin H Welch Ph D Trustee | 2 50 3 50 | X | | | | | | 0 | 0 | 0 |
| (17) Larry C Hudson Executive VP & CFO | 50 00 7 00 | | | X | | | | 651,376 | 0 | 65,978 |
| (18) Glenn Crotty Jr MD Executive VP & COO | 50 00 6 50 | | | X | | | | 649,595 | 0 | 95,718 |
| (19) Marshall A McMullen Jr Secretary & Gen Counsel | 50 00 5 00 | | | X | | | | 395,088 | 0 | 90,898 |
| (20) Michael D Williams VP Administrator | 50 00 0 00 | | | X | | | | 345,764 | 0 | 207,933 |
| (21) S Andrew Weber VP Administrator | 50 00 0 00 | | | X | | | | 282,855 | 0 | 137,182 |
| (22) Stephen Z Bell VP Finance | 50 00 0 00 | | | X | | | | 276,945 | 0 | 202,499 |
| (23) Robert D Whitler VP Gov't & Comm Affairs | 50 00 1 00 | | | X | | | | 238,846 | 0 | 39,408 |
| (24) Ronald E Moore VP Prof Prac & CNO | 50 00 1 00 | | | X | | | | 300,386 | 0 | 199,882 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) Robert B Danielson VP Compliance | 50 00 5 00 | | | X | | | | 238,791 | 0 | 86,737 |
| (1) Dale R Wood VP System Improv & CQO | 50 00 0 00 | | | X | | | | 817,330 | 0 | 207,425 |
| (2) Jeffrey H Goode VP Ambulatory Services | 50 00 0 00 | | | X | | | | 295,405 | 0 | 138,410 |
| (3) Jeffrey L Oskin VP Administrator | 50 00 0 00 | | | X | | | | 377,708 | 0 | 141,426 |
| (4) Thomas P McIlwain VP Medical Affairs | 50 00 0 00 | | | X | | | | 390,646 | 0 | 55,329 |
| (5) Gregory Veltri VP Info Svc & CIO | 50 00 5 00 | | | X | | | | 295,273 | 0 | 65,618 |
| (6) Kristi Snyder VP Human Resources | 50 00 6 00 | | | X | | | | 274,716 | 0 | 165,027 |
| (7) Randall H Hodges VP Administrator | 50 00 0 00 | | | X | | | | 285,355 | 0 | 277,074 |
| (8) James Tierney DO Physician | 20 00 40 00 | | | | | X | | 670,163 | 0 | 25,554 |
| (9) Leon Ronen MD Physician | 40 00 0 00 | | | | | X | | 500,920 | 0 | 38,716 |
| (10) Thomas Rittinger MD Physician | 40 00 0 00 | | | | | X | | 410,642 | 0 | 46,226 |
| (11) Mark K Stephens MD Physician | 40 00 0 00 | | | | | X | | 395,917 | 0 | 37,744 |
| (12) Daniel L Smith MD Physician | 40 00 0 00 | | | | | X | | 352,788 | 0 | 37,498 |

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

| (i)Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 Total support Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ▶ |

| Section C. Computation of Public Support Percentage | | | | | | |
|---|--|----|--|--|--|---|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | | 14 | | | | |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14 | | 15 | | | | |
| 16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | ▶ |
| 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | | | | ▶ |
| b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | | | | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | ▶ |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . . | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) . | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|--|----|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 <u>Activities Test</u> Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. | | | |
| b From 2010. | | | |
| c From 2011. | | | |
| d From 2012. | | | |
| e From 2013. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. | | | |
| b From 2011. | | | |
| c From 2012. | | | |
| d From 2013. | | | |
| e From 2014. | | | |

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

Facts And Circumstances Test

Return Reference

Explanation

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | (a) | | (b) |
|---|--|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | 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 | | 5,048 |
| 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 | | 207,621 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 1,619 |
| j | Total. Add lines 1c through 1i. | | | 214,288 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| Part II-B, Line 1 | Occasionally, individuals are asked by legislators at both the state and national levels for opinions on certain issues and the process of health-related legislation. At such times, CAMC representatives may hold discussions with legislative officials to present their information and perspectives regarding various health care issues. Such interactions do not typically involve CAMC expressing whether or not they support a particular bill, but rather consist of general discussions related to the pertinent health issues. |
| | |
| | |
| | |
| | |
| | |
| | |

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| 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, and not on a historic structure listed in the National Register |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability?

☒ Yes

☐ No
- b

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

☒

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 36,316,561 | 31,115,133 | 27,674,365 | 28,121,864 | 25,031,594 |
| b Contributions | 817,450 | 747,434 | 751,017 | 637,036 | 865,051 |
| c Net investment earnings, gains, and losses | 1,272,837 | 5,250,714 | 3,451,658 | -192,637 | 2,980,879 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,496,226 | 793,950 | 758,744 | 888,233 | 710,409 |
| f Administrative expenses | 3,162 | 2,770 | 3,163 | 3,665 | 45,251 |
| g End of year balance | 36,907,460 | 36,316,561 | 31,115,133 | 27,674,365 | 28,121,864 |
- 2

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

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶ 32 000 %
- c

Temporarily restricted endowment ▶ 68 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

unrelated organizations

(ii)

related organizations
- 3a(i)

No

3a(ii)

Yes
- b

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

3b

Yes
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 28,426,559 | | 28,426,559 |
| b Buildings | | 369,250,230 | 215,953,896 | 153,296,334 |
| c Leasehold improvements | | 7,400,450 | 5,319,302 | 2,081,148 |
| d Equipment | | 493,914,812 | 408,071,048 | 85,843,764 |
| e Other | | 81,769,243 | 6,759,749 | 75,009,494 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 344,657,299 |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Malpractice Fund | 2,747,830 | C |
| (2) Malpractice Fund | 39,746,595 | F |
| (3) Recruitment/Student Loan | 3,406,854 | C |
| (4) Workers Comp Self Insured Fund | 163,912 | F |
| (5) RC Byrd Teaching Ctr Fund | 52,587,549 | F |
| (6) Investments Other | 6,846,046 | C |
| (7) Affiliate Receivables | 10,409,739 | C |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | 115,908,525 | |

| (a) Description | (b) Book value |
|--|----------------|
| (1) Trustee Funds | 8,254,674 |
| (2) Interest in Net Assets CAMC Foundation | 36,907,460 |
| (3) Bond Funds | 26,414,858 |
| (4) Bond Collateral | 11,920,000 |
| (5) Deferred Bond Costs | 4,056,520 |
| (6) Investments Other | 198,439 |
| (7) Derivative Asset Value | 5,441,564 |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 93,193,515 |

| (a) Description of liability | (b) Book value |
|--|-----------------------|
| Federal income taxes | |
| Estimated Malpractice Claims | 19,640,000 |
| Estimated Worker's Comp Claims | 1,457,304 |
| Affiliate Payables | 9,174,350 |
| Settlements Due to 3rd Parties | 15,565,223 |
| Estimated Retiree Health | 3,176,094 |
| Umbrella Trust & SERP | 15,095,100 |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 64,108,071 |

Schedule D (Form 990) 2014

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| Part 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 transmitted to the client. |
| Part V, Line 4 | To further the mission of the organization. |
| Part X, Line 2 | CAMC's financial statements are audited as part of the audit of the financial statements of CAMC Health System, Inc and Subsidiaries (collectively, the "System"). Language regarding ASC 740 (FIN 48) included in the consolidated footnotes is as follows: "The IRS has determined that CAMC, the Foundation, and the Institute 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. The System does not have any material uncertain tax positions at December 31, 2014." |
| | |
| | |
| | |
| | |

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 10,619,844 | | 10,619,844 | 1 160 % |
| b Medicaid (from Worksheet 3, column a) | | | 206,739,582 | 120,976,000 | 85,763,582 | 9 410 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 2,355,882 | 1,332,117 | 1,023,765 | 0 110 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 219,715,308 | 122,308,117 | 97,407,191 | 10 680 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 4,829,873 | 302,982 | 4,526,891 | 0 500 % |
| f Health professions education (from Worksheet 5) | | | 41,445,607 | 6,872,386 | 34,573,221 | 3 790 % |
| g Subsidized health services (from Worksheet 6) | | | 858,014 | 677,148 | 180,866 | 0 020 % |
| h Research (from Worksheet 7) | | | | | | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 260,701 | | 260,701 | 0 030 % |
| j Total Other Benefits | | | 47,394,195 | 7,852,516 | 39,541,679 | 4 340 % |
| k Total . Add lines 7d and 7j | | | 267,109,503 | 130,160,633 | 136,948,870 | 15 020 % |

Part IICommunity Building Activities

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | | |
| 2Economic development | | | 5,870 | | 5,870 | 0 % |
| 3Community support | | | 134,234 | | 134,234 | 0 010 % |
| 4Environmental improvements | | | 5,760 | | 5,760 | 0 % |
| 5Leadership development and training for community members | | | | | | |
| 6Coalition building | | | | | | |
| 7Community health improvement advocacy | | | | | | |
| 8Workforce development | | | 2,340 | | 2,340 | 0 % |
| 9Other | | | 129,877 | 42,856 | 87,021 | 0 010 % |
| 10Total | | | 278,081 | 42,856 | 235,225 | 0 020 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did 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. Explain in Part VI the methodology used by the organization to estimate this amount.

2

39,675,780

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

24,245,869

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

277,674,878

6Enter Medicare allowable costs of care relating to payments on line 5.

6

381,787,139

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-104,112,261

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.

☐ Cost accounting system☒ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1General Division Medical Office Building Partnership | Medical Office Space Rental | 84 010 % | | 15 990 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

4
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group

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

| | Yes | No |
|--|-----|-----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | Yes |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.camc.org/documents/community/2014/CBRG-Plan-2014-2016</u> | | |
| b <input checked="" type="checkbox"/> Other website (list url) <u>www.healthykanawha.org</u> | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| a If "Yes" (list url) <u>www.camc.org/documents/community/2014/CBRG-Plan-2014-2016</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | No |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____ | | |

Part V

Facility Information (continued)

| | | | |
|---|--|-----|-----|
| Facility Reporting Group - A | | | |
| Name of hospital facility or letter of facility reporting group | | | |
| | | Yes | No |
| Financial Assistance Policy (FAP) | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 200 000000000000% | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input type="checkbox"/> Medical indigency | | | |
| e <input type="checkbox"/> Insurance status | | | |
| f <input type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 Explained the basis for calculating amounts charged to patients? | | 14 | Yes |
| 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | 16 | Yes |
| a <input type="checkbox"/> The FAP was widely available on a website (list url) | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input type="checkbox"/> Other (describe in Section C) | | | |
| Billing and Collections | | | |
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | | 17 | Yes |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| d <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| e <input type="checkbox"/> None of these actions or other similar actions were permitted | | | |

Part V

Facility Information (continued)

Facility Reporting Group - A

| | | | | |
|---|--|----|-----|----|
| Name of hospital facility or letter of facility reporting group | | | Yes | No |
| 19 | Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) | | | |
| a | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission | | | |
| b | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge | | | |
| c | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| d | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| f | <input type="checkbox"/> None of these efforts were made | | | |
| Policy Relating to Emergency Medical Care | | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | Yes | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | | No |

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Facility Reporting Group - B

Name of hospital facility or letter of facility reporting group

| | | Yes | No |
|---|--|-----|-----|
| 19 | Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) | | |
| a | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission | | |
| b | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge | | |
| c | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | |
| d | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |
| Policy Relating to Emergency Medical Care | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | Yes |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | No |

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **14**

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

Part VI

Supplemental Information

Provide the following information

- 1** **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2** **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3** **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4** **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5** **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6** **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7** **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part I, Line 7 | Utilized Worksheet 2 to determine cost-to-charge ratio |

| Form and Line Reference | Explanation |
|--|---|
| Part II, Community Building Activities | Community-building activities include programs and services that address root causes of health problems. Examples include CAMC's membership in the Partners in Health Network, Inc ("Partners"), members of which comprise a network of mostly small and rural hospitals, clinics and health departments who work together to address quality and educational needs for improving care management, assistance with NCQA accreditation for patient centered medical homes and improved quality through addressing sepsis. Access to health care for 5,000 working uninsured individuals in central and southern West Virginia is provided through Partners' Community Access Program. Additionally, CAMC provides students enrolled in post-secondary education with related on-the-job training that is required for their graduation. Health Fairs for the community focusing on adults and children provide screening and health information to identify and address health issues. |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III, Line 2 | This is the bad debt expense from the audited financial statements |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III, Line 3 | To estimate the amount of the bad debt expense attributable to patients eligible under the charity care policy, one month of actual bad debt written off was reviewed. Sixty three percent of this was for uninsured patients. A sample of 100 of the uninsured patients from the month was taken and entered into a credit worthy calculator to determine that 97% of the patients met the income eligibility guidelines under the charity care policy. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 4 | There is no footnote describing bad debt, however, private pay accounts and amounts for deductibles and co-insurance that are deemed uncollectable that do not appear to meet the charity care guidelines, are written off as bad debt expense and appear as a deduction from patient service revenue in the audited financial statements |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 8 | CAMC treats any government reimbursement that is insufficient to cover allocated costs as being a community benefit CAMC chooses to serve the community by participating in the Medicare program and accepting Medicare reimbursement |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 9b | CAMC's collection policy makes provisions for patients who qualify for charity care or financial assistance. Patients who receive charity assistance must meet the following requirements: income at 200% or less of Federal poverty income and resource guidelines, insufficient assets to pay for the care, and not eligible for any public programs. Patients without third-party coverage who do not qualify for charity are given a 50% discount from charges (which is greater than any commercial discount). In addition to charity and uninsured discounts, CAMC provides assistance with payment plans, government programs, and an Employee Assistance Program. |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 2 | <p>CAMC supports and strengthens its key communities through a systematic approach that begins with our mission, vision and values. Annually during our strategic planning process we review the community health needs assessment findings and priorities to develop our community strategy. This strategy is based on issues identified through the needs assessment process and supplemented with findings from our internal Environmental Analysis. Communities are identified, strategies are identified and plans are funded, implemented, tracked and measured. Our Board approves the plan and reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities is based on the strategy, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC community strategy, community is based on the need identified and population to be addressed. We develop Health Indicator Data Sheets for each of our service area counties and identify key issues to address for all or part of our service area. For example, our Perinatal Telemedicine Project includes 14 rural counties and our Child Advocacy Center and HIV program serve our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have ensured the Civic Affairs Council monetary contributions support community organizations in the service area that are clearly aligned with our community strategy. In addition to addressing community needs and contributing financially, our leadership team serves in key leadership roles for community activities, programs and organizations as well as supports the workforce in participating in many community benefit activities such as Day of Caring and HealthFest. CAMC Teays has a separate CHNA process as described in their Community Benefit report (available at www.camc.org). In addition, CAMC and CAMC Teays Valley Hospital develops County Profiles for each service area county to identify health risks and priorities for the counties. Service line data is also reviewed for areas that may need community health intervention.</p> |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part VI, Line 3 | CAMC informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under CAMC's charity care policy during the registration process. Brochures are available at each registration point with contact information and phone numbers for Financial Counselors. CAMC Financial Counselors are located in each Emergency Department and Admitting area. During registration, if a patient is uninsured, they may be referred to a Financial Counselor who provides education about Charity Care, Medicaid Eligibility and Federal Disability. WV state employees are also on site at each hospital to accept and process Medicaid applications and notify patients if they qualify. |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 4 | CAMC's community area of focus includes our Primary and Secondary Service area. Our PSA includes Kanawha, Putnam, Fayette, Boone and Logan Counties. Our SSA is Jackson, Roane, Clay, Nicholas, Lincoln, Raleigh and Mercer Counties. Kanawha County constitutes a population of 195,508 (2013) with a median age of 44 and household median income of \$39,761. The PSA/SSA population is 548,133, with a median age of 43 and median income of \$36,060. Demographic, health and socioeconomic information is provided in detail in the 2013 Community Benefit Report and 2014-2016 Community Health Needs Assessment found on our camc.org website. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part VI, Line 5 | CAMC's governing board is its Board of Trustees, a 17 member volunteer community board that meets WV state law requirements for nonprofit board membership including community representation Admission to the medical staff is open to all qualified physicians in the area, consistent with the size and nature of the facility Each CAMC hospital operates a full-time emergency room open to everyone, regardless of ability to pay CAMC serves a broad cross-section of the community through research and charity care CAMC applies any surplus funds toward improving facilities, equipment, patient care, medical training, research and education CAMC's Community Health Improvement Services, Health Professions Education, Financial and In-kind Contributions, Community and Building Activities are detailed in the Community Benefit Report on our website at www.camc.org |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 6 | <p>CAMC Health Education and Research Institute serves as the education and research arm of the CAMC Health System. The Institute promotes the health of the community by sponsoring health professional training programs training the region's health professionals, providing continuing education to health professionals in the community, region and state sponsoring management and leadership development programs, sponsoring community health education and prevention education programs for the community, conducting clinical and health services research targeted to improve health and health services delivery of our patients and community, pursuing special program funding and grants to support education and research programs, promoting economic development through its employment of approximately 80 full-time education, research and support staff and through its extramural and externally funded sponsored programs, promoting telehealth opportunities that link providers for health consultation and that improves access to health services to patients, creating linkages to education affiliates allowing approximately 800 learners to receive clinical training experiences at CAMC, sponsoring simulation training experiences for regional education affiliates, and promoting and sustaining networks and partnerships that improve access to clinical trials and research funding opportunities. The CAMC Foundation's mission is to support and promote CAMC's delivery of excellent and compassionate health services and CAMC's contribution to the quality of life and economic vitality of the region. This is accomplished through support of many services to CAMC patients and employees. Each year, the Foundation supports the Prevention First Program at CAMC Women and Children's Hospital. The Prevention First Program seeks to reduce medical costs, facilitate all aspects of health care, including support of the medical plan established by the primary care physician, while meeting the special needs of low-income children and families in the home environment. Specifically, the Prevention First Program promotes healthy outcomes that will decrease pre-term labor, infant mortality, unplanned C-Section rate, NICU/PICU length of stay and increase infant birth weight while promoting well-child care and immunizations. The Foundation also helps keep physicians and allied health care employees up-to-date by providing funding for many continuing education programs. Integrated Health Care Providers (IHCPI) is an affiliated company of the CAMC Health System existing to support the mission of CAMC in striving to provide the best healthcare to every patient every day. When the CAMC Health System identifies an essential physician need, an access issue for patients, or when the existing provider community cannot provide an essential service, IHCPI through its affiliation with the CAMC Health System works to fill the gaps. Currently, IHCPI operates the mission critical entity of the David Lee Cancer Center and a host of sub-specialty physician practices primarily operated to support the Level I trauma and tertiary care mission of CAMC. IHCPI practices see a disproportionate share of the underinsured in their practice locations. When many of the sub-specialists are not providing trauma support, they are providing access to care for many who cannot receive services locally such as pediatric dental and oral maxilla-facial care.</p> |

| Form and Line Reference | Explanation |
|--|-------------|
| Part VI, Line 7, Reports Filed With States | WV |

Additional Data

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

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

| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
|---|---|
| Form and Line Reference | Explanation |
| Facility Reporting Group - B | Part V, Section B, line 7a camc org/documents/community/CAMC-Teays-Valley-Hospita-Community-Benefit-Report-and-Implementation-Plan-2012 pdfFacility Reporting Group - BPart V, Section B, line 10a camc org/documents/community/CAMC-Teays-Valley-Hospita-Community-Benefit-Report-and-Implementation-Plan-2012 pdf |

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

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

| Form and Line Reference | Explanation |
|-------------------------|----------------------------|
| Part V, Section B | Facility Reporting Group A |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Facility Reporting Group A consists of | - Facility 1 CAMC Memorial Hospital, - Facility 2 CAMC General Hospital, - Facility 3 CAMC Women and Children's Hospital |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Facility Reporting Group - A Part V, Section B, line 5 | <p>Household Telephone Survey The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument, thorough and consistent training of interviewers, and the use of reputable survey-analysis software The principal investigator provided oversight to the surveying process including data collection and entry Data was collected and entered using a web-based survey This report was compiled and verified for accuracy by members of the Kanawha Coalition for Community Health Improvement This survey sample size results in a statistically significant 95% confidence interval with an error margin of plus or minus 5.63% Not all respondents answered every question, therefore the margin of error was adjusted and reported for each question, based on the number of respondents An independent sampling firm randomly selected landline telephone numbers for Kanawha County households The random landline sample consisted of 4,000 numbers which was screened for disconnects and businesses, resulting in a list of 2,000 numbers A total of sixteen individuals received training and administered the phone survey After learning that the number of American homes with only wireless telephones continues to grow and that 39.4% of American homes had only wireless telephones (January - June 2013 National Health Interview Survey), the Kanawha Coalition acquired a random address sample of 5,000 additional Kanawha County residents which included wireless and some unlisted numbers The wireless sample received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone The Kanawha Coalition process works to ensure that the survey sample size is valid, and that the sample is randomly selected It also ensured that the fourth-year nursing students with the University of Charleston's School of Nursing were adequately trained in how to administer the phone survey As with any telephone survey, there are certain limitations The result of the survey depends on the accuracy of the responses given by the persons interviewed Self-reported behavior must be interpreted with caution To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data This comparison reveals an over-representation of respondents who were female, over 55 years of age, had no children in the home and were Caucasian There was an under-representation of African Americans, people with lower-educational attainment (high school or less), those with children in the home, and those who had never been married The Kanawha Coalition conducted focus groups among individuals from these underrepresented populations Focus group findings are intentionally reported independently from those of the scientific random telephone survey to maintain fidelity Focus Groups Six focus groups were held in 2013 A total of 15 senior citizens, 14 single-parents, and 10 African Americans participated Host sites for the focus groups included the Kanawha Institute for Social Research and Action (KISRA), Shiloh Baptist Church, the United Way of Central West Virginia (Retired Senior Volunteer Program), and the Martin Luther King Community Center (after school program) Focus group participants were asked to share their opinions about barriers and challenges facing their particular population regarding access to health services, social and economic factors (e.g. employment, education, access to technology, and community attitudes surrounding discrimination, racism), the physical "built" environment (e.g. housing, access to healthy foods, air and water quality) and any other top health issues and pressing concerns</p> |

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

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

| Form and Line Reference | Explanation |
|---|--|
| Facility Reporting Group - A Part V, Section B, line 6a | Thomas Health System (Thomas Memorial Hospital and St Francis Hospital), Highland HospitalPart V, Section B, line 6b United Way of Central West Virginia, FamilyCare Health Center, Kanawha-Charleston Health Department, Kanawha County Schools, Wellness Council of West Virginia, Spilman Thomas & Battle, PLLC, Kanawha Coalition for Community Health Improvement, Charleston Area Alliance |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Facility Reporting Group - A Part V, Section B, line 11 | The following health issues are identified as community priorities and funded as part of operational planning by the CAMC Board of Trustees Obesity, Drugs/Prescription and Illicit, Lack of Physical Activity, Heart Disease/High Blood Pressure, Tobacco Use/Second Hand Smoke Exposure, Unemployment Jobs/Poverty, Cancer, Lung Disease/Asthma Community Benefit implementation strategies and examples of some of our 2014 outcomes include 1) Reducing utilization of the Emergency Room to address Unemployment/Jobs/Poverty through Telehealth for after hours and follow-up care In 2014, grant funding was obtained and site visits were conducted to assess equipment needs at each of the 11 participating sites 2) Physician Drug Diversion training addressed the community need of Drugs/Prescription and Illicit There were 2,365 physician and mid-level providers who participated with an evaluation of 4 5 and 80% with a post-test passing score 3) Medical Home/Neighborhood addressed the Unemployment/Jobs/Poverty need and in 2014 NCQA MCMH Level 2 recognition was achieved Preventive health screening compliance improved and patients who were frequent users of Emergency Rooms received assistance in scheduling office visits 4) Provide HIV primary care and decrease new HIV Infections addresses the community needs of Drugs/Prescription and Illicit and Unemployment/Jobs/Poverty In 2014 the program increased access to care to the most vulnerable, provided 24/7 primary care, mental and dental health services, established an off-site satellite clinic, provided education to health care providers and the community and established a referral network to and from other medical care, case management and social service agencies We addressed the community need of Cancer, Lung Cancer through growing the nurse navigator and survivorship program The survivorship program in 2014 provided care plans for 30 patients as it started up and now sees 15-20 patients/week The Healthy Kids Program addresses the community need of Obesity and in 2014 celebrated clinical outcomes of 96% of patients lowering their BMI from first to last office visit Results for each of our Implementation Strategies and additional programs are described in detail in our 2014 Community Benefit Report and Report on 2014-2016 Implementation Strategies The following program is not addressed by CAMC High School Dropout This issue is being addressed by United Way of Central WV, Kanawha County Schools and State Department of Education |

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

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

| Form and Line Reference | Explanation |
|---|------------------------------------|
| Facility Reporting Group - A Part V, Section B, line 16 b website | camc org/charityanduninsuredpolicy |

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

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

| Form and Line Reference | Explanation |
|--|-----------------------------------|
| Facility Reporting Group - A Part V, Section B, line 16c website | camc org/charityandunisuredpolicy |

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

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

| Form and Line Reference | Explanation |
|--|-------------|
| Facility Reporting Group - A Part V, Section B, line 16i | |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Facility Reporting Group - A Part V, Section B, line 22d | Patients who qualify for charity care are given a 100% discount If a patient does not qualify for charity care but is uninsured, a 50% discount from billed charges is given, which is greater than the highest negotiated commercial insurance discount |

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

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

| Form and Line Reference | Explanation |
|-------------------------|----------------------------|
| Part V, Section B | Facility Reporting Group B |

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

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

| Form and Line Reference | Explanation |
|--|---|
| Facility Reporting Group B consists of | - Facility 4 CAMC Teays Valley Hospital |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Facility Reporting Group - B Part V, Section B, line 5 | The Community Needs Assessment process included 1) Secondary County Health Data, 2) Putnam County Survey Results, 3) Putnam County Public Health Plan, and 4) Social Services Agency Utilization. A comprehensive database of health related data and statistics is compiled/updated from numerous sources regarding the health of the citizens of Putnam County and incorporated into the document entitled Health Indicator Data Sheet. The findings are sorted into 23 categories for ease of reference and provide the following for each indicator: name, data link, Putnam County results, West Virginia results, United States results, comparative trends, notes, West Virginia county rank, United States state rank, and a comparison between the most current and the previous measurements. The Health Indicator Data Sheet is available at www.camc.org . Survey Data - The Putnam County Chamber of Commerce completed a survey to identify issues central to improving the overall quality of life for Putnam County. The survey was web-based and an email was sent to people within selected zip codes in the county. 330 Putnam County residents participated in the survey. The Public Health Department identified priorities based on their client population and findings from WV DHHR for Putnam County were incorporated into the needs assessment. Putnam County United Way beneficiary utilization provided the services and number of beneficiaries. These assessment findings were analyzed to identify top issues for CAMC Teays Valley Hospital. |

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

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

| Form and Line Reference | Explanation |
|---|--|
| Facility Reporting Group - B Part V, Section B, line 6a | United Way of Central West Virginia, Henderson Insurance, Putnam County Commission, Putnam County Chamber of Commerce, Kroger, City of Hurricane, AEP Customer Solutions Center, Broadmore Senior Living |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Facility Reporting Group - B Part V, Section B, line 11 | The following programs are provided by CAMC Teays Valley Hospital that address community priorities and are identified as funds as part of operational planning by the CAMC Teays Valley Hospital Board of Trustees Poverty-Children and Families, Physical Activity, High School Graduation, Cancer, Drug Use, Flu/Pneumonia Community Benefit implementation strategies and examples of some of our 2014 outcomes include A program to divert non-violent youth who abuse alcohol and drugs to a drug and alcohol free future addresses the community need of drug use 2014 progress included provision of financial support for the program, serving on the Board of Trustees that manages the program with 15 youth successfully graduating from the program In addition, education and events to keep school children drug free were held CAMC Teays provided medical supplies for each Putnam County school classroom in 2014 All school staff were trained on their use To address Physical Activity and Poverty, CAMC Teays provided nursing staff and supplies for Camp Kno Koma, a children's camp for diabetic children to ensure a safe camping experience for diabetic children and to provide diabetes education for the children Also, CAMC Teays provides onsite orthopedic physician coverage for athletes, cheerleaders and band members for area high school sporting events Results for each of our Implementation Strategies and additional programs are described in detail in our 2014 Community Benefit Report and Report on 2012-2014 Implementation Strategies The following community priority needs are not addressed by CAMC Teays Valley Hospital 1) Counseling Services-Issue addressed by services provided by other providers in the area 2) 4th & 8th grade reading and math proficiency-issue addressed by Putnam County Board of Education and Literacy Volunteers 3) Births to Unmarried Teens-issues addressed by CAMC Women & Children's Hospital to Putnam County population 4) Drinking and Driving-Issue addressed by Students against Drunk Driving and Drug Court 5) Stroke-Issue addressed by support from CAMC General Hospital |

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

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

| Form and Line Reference | Explanation |
|---|------------------------------------|
| Facility Reporting Group - B Part V, Section B, line 16 b website | camc org/charityanduninsuredpolicy |

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

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

| Form and Line Reference | Explanation |
|--|------------------------------------|
| Facility Reporting Group - B Part V, Section B, line 16c website | camc org/charityanduninsuredpolicy |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Facility Reporting Group - B Part V, Section B, line 22d | Patients who qualify for charity care are given a 100% discount If a patient does not qualify for charity care but is uninsured, a 50% discount from billed charges is given, which is greater than the highest negotiated commercial insurance discount |

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

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| CAMC LabWorks 3004 Chesterfield Charleston, WV 25304 | Laboratory Services |
| CAMC Imaging Center 3416 MacCorkle Ave SE Charleston, WV 25304 | Laboratory Services |
| CAMC Imaging Center 60 RHL Boulevard South Charleston, WV 25309 | Laboratory Services |
| CAMC Urgent Care Center 314 Goff Mountain Road Suite 3 Cross Lanes, WV 25313 | Laboratory Services |
| CAMC Phys Therapy & Sport Med Center 200 Tracy Way Charleston, WV 253111258 | Laboratory Services |
| CAMC Wound Healing Center 600 Morris Street Suite 103 Charleston, WV 25301 | Laboratory Services |
| CAMC Ambulatory Infusion Center 3100 MacCorkle Ave Suite 101 Charleston, WV 25304 | Laboratory Services |
| Cardiac Imaging Center 2930 Chesterfield Avenue Charleston, WV 253041066 | Laboratory Services |
| CAMC Occupational Lung Center 600 Morris Street Suite 100 Charleston, WV 25301 | Laboratory Services |
| Cardiac Imaging Center 2335 Chesterfield Avenue Charleston, WV 253041066 | Laboratory Services |
| CAMC Solutions 2568 Pennsylvania Avenue Charleston, WV 253024907 | Laboratory Services |
| CAMC Pharmacy 314 Goff Mountain Road Cross Lanes, WV 25702 | Laboratory Services |
| St Mary's Laboratory Service 2900 First Ave Ste 607 Huntington, WV 25702 | Laboratory Services |
| CAMC Urgent Care Center 301 RHL Boulevard Suite 3 South Charleston, WV 25309 | Laboratory Services |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Charleston Area Medical Center Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
55-0526150

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |

2

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

10

3

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

0

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-------------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) Nursing Scholarships | 110 | 151,100 | | | |
| (2) Allied Health Scholarships | 35 | 44,900 | | | |
| (3) Medical Scholarships | 36 | 96,100 | | | |
| (4) Employee Dependent Scholarships | 25 | 31,250 | | | |
| (5) Employee Scholarships | 199 | 121,675 | | | |

Part IV

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

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 2 | CAMC provides nursing, allied health and medical student scholarships funded by the Foundation. An application portfolio is submitted by the candidate and reviewed and scored anonymously by the Foundation's Nursing Allied Health and Medical Student Scholarship committee co-chairs for subsequent scholarship award by the committee. CAMC provides employee and employee dependent scholarships. Candidates submit an application and required materials and a committee reviews applications based on scholarship guidelines and criteria and awards scholarships. Scholarship payments are submitted directly to the college or university on behalf of the recipient. CAMC provides support to the University of Charleston ("UC") nursing program and pharmacy school program. UC is a nonprofit, tax-exempt organization. UC provided CAMC with an acknowledgement letter along with a giving history report. CAMC provides assistance to various community programs which are reviewed by the Civic Affairs Council for award or at the discretion of the Chief Executive Officer. |

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| WV Health Right Inc1520 Washington Street Charleston, WV 25311 | 31-1066881 | 501(c)(3) | 145,278 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--------------------------------------|
| University of Charleston 2300 MacCorkle Avenue SE Charleston, WV 25304 | 55-0357039 | 501(c)(3) | 285,000 | | | | Nursing and Pharmacy Program Support |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Kanawha Valley Community and Technical College2001 Union Carbide Drive South Charleston, WV 25303 | 35-2380021 | 501(c)(3) | 344,204 | | | | Nursing Program Support |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Ronald McDonald House Charities of Southern West Virginia Inc302 30th Street SE Charleston, WV 25304 | 55-0631080 | 501(c)(3) | 12,090 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| American Heart Association 162 Court Street Charleston, WV 25301 | 13-5613797 | 501(c)(3) | 7,500 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Braxton County Memorial Hospital100 Hoylman Drive Gassaway, WV 26624 | 55-0611919 | 501(c)(3) | 200,000 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Buckskin Council BSA2829 Kanawha Blvd E Charleston, WV 25311 | 55-0357013 | 501(c)(3) | 6,500 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Clay Center for the ArtsOne Clay Square Charleston, WV 25301 | 55-0702471 | 501(c)(3) | 7,500 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Funds for the Arts803 Quarrier Street 100 Charleston, WV 25301 | 55-0614854 | 501(c)(3) | 10,000 | | | | General Program Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| March of Dimes3508 Staunton Ave SE 2nd Floor Charleston, WV 25304 | 13-1846366 | 501(c)(3) | 6,000 | | | | General Program Support |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>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><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></div></div> | | |
| <div><div>1b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div> | | |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div> | | |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><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></div></div> | | |
| <div><div>4</div><div>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</div></div> | | |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div> | | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | Yes | |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | No |
| <div><div>6</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | No |
| <div><div>7</div><div>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</div></div> | Yes | |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | | |

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

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

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

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

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 3 | The CAMCHSI Board of Directors Compensation Committee selects and supervises an independent consultant who advises the Committee on compensation arrangements and transactions between CAMCHSI companies and executives. The Committee uses the data to determine the total compensation of the CAMC's CEO and the other executives. The data is reviewed every two years or when a new person comes into an executive role. |
| Part I, Line 4b | Supplemental Executive Retirement Plan ("SERP") Participants are key officers of CAMCHSI and subsidiaries. Terms & Conditions of SERP Plan: Defined Benefit. 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 Health System, Inc. 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 5 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 (age 60). Taxes due upon distribution. Subject to the Substantial Risk of Forfeiture. CEO Supplemental Executive Retirement Plan ("SERP") Participant-CEO Terms and Conditions of CEO SERP Plan: Defined Contribution. Vest at age 65. Benefit at age 65 projected as the difference between 60% of Final 5 Year Average Total compensation and sum of retirement benefits paid from CAMC Health System, Inc. Qualified Retirement Plan and 50% of projected age 65 Primary Social Security Benefit. Actual benefits will depend upon simulated investment results based on investment options selected by participant. Eligible to receive SERP benefits upon earliest of: deferred vesting date, death, disability, involuntary termination without cause. Taxes due upon vesting. Subject to the Substantial Risk of Forfeiture. |
| Part I, Line 7 | The organization provides incentive payments to certain employees after operating and performance goals are achieved. Incentive payment plans are reviewed and approved by the CAMC Health System, Inc. Board of Directors Compensation Committee. |

Additional Data

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 and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 David L Ramsey, President, CEO & Trustee | (i) (ii) | 704,106 0 | 278,720 0 | 126,378 0 | 295,990 0 | 36,194 0 | 1,441,388 0 | 0 0 |
| 1 Larry C Hudson, Executive VP & CFO | (i) (ii) | 395,356 0 | 110,712 0 | 145,308 0 | 44,879 0 | 21,099 0 | 717,354 0 | 0 0 |
| 2 Glenn Crotty Jr MD, Executive VP & COO | (i) (ii) | 449,870 0 | 136,113 0 | 63,612 0 | 59,601 0 | 36,117 0 | 745,313 0 | 0 0 |
| 3 Marshall A McMullen Jr, Secretary & Gen Counsel | (i) (ii) | 283,262 0 | 47,964 0 | 63,862 0 | 63,570 0 | 27,328 0 | 485,986 0 | 0 0 |
| 4 Michael D Williams, VP Administrator | (i) (ii) | 254,703 0 | 51,510 0 | 39,551 0 | 179,563 0 | 28,370 0 | 553,697 0 | 0 0 |
| 5 S Andrew Weber, VP Administrator | (i) (ii) | 203,965 0 | 46,766 0 | 32,124 0 | 105,862 0 | 31,320 0 | 420,037 0 | 0 0 |
| 6 Stephen Z Bell, VP Finance | (i) (ii) | 195,675 0 | 42,772 0 | 38,498 0 | 173,474 0 | 29,025 0 | 479,444 0 | 0 0 |
| 7 Robert D Whitler, VP Gov't & Comm Affairs | (i) (ii) | 172,393 0 | 37,428 0 | 29,025 0 | 10,785 0 | 28,623 0 | 278,254 0 | 0 0 |
| 8 Ronald E Moore, VP Prof Prac & CNO | (i) (ii) | 204,553 0 | 46,020 0 | 49,813 0 | 180,076 0 | 19,806 0 | 500,268 0 | 0 0 |
| 9 Robert B Danielson, VP Compliance | (i) (ii) | 166,235 0 | 28,253 0 | 44,303 0 | 64,761 0 | 21,976 0 | 325,528 0 | 0 0 |
| 10 Dale R Wood, VP System Improv & CQO | (i) (ii) | 249,057 0 | 59,540 0 | 508,733 0 | 193,830 0 | 13,595 0 | 1,024,755 0 | 0 0 |
| 11 Jeffrey H Goode, VP Ambulatory Services | (i) (ii) | 218,669 0 | 46,685 0 | 30,051 0 | 102,886 0 | 35,524 0 | 433,815 0 | 0 0 |
| 12 Jeffrey L Oskin, VP Administrator | (i) (ii) | 287,642 0 | 54,941 0 | 35,125 0 | 116,927 0 | 24,499 0 | 519,134 0 | 0 0 |
| 13 Thomas P McIllwain, VP Medical Affairs | (i) (ii) | 363,146 0 | 0 0 | 27,500 0 | 32,345 0 | 22,984 0 | 445,975 0 | 0 0 |
| 14 Gregory Veltnr, VP Info Svc & CIO | (i) (ii) | 285,273 0 | 0 0 | 10,000 0 | 37,808 0 | 27,810 0 | 360,891 0 | 0 0 |
| 15 Kristi Snyder, VP Human Resources | (i) (ii) | 214,214 0 | 49,520 0 | 10,982 0 | 157,287 0 | 7,740 0 | 439,743 0 | 0 0 |
| 16 Randall H Hodges, VP Administrator | (i) (ii) | 198,741 0 | 52,139 0 | 34,475 0 | 249,793 0 | 27,281 0 | 562,429 0 | 0 0 |
| 17 James Tierney DO, Physician | (i) (ii) | 670,163 0 | 0 0 | 0 0 | 13,000 0 | 12,554 0 | 695,717 0 | 0 0 |
| 18 Leon Ronen MD, Physician | (i) (ii) | 499,924 0 | 0 0 | 996 0 | 11,603 0 | 27,113 0 | 539,636 0 | 0 0 |
| 19 Thomas Rittinger MD, Physician | (i) (ii) | 398,501 0 | 12,000 0 | 141 0 | 13,000 0 | 33,226 0 | 456,868 0 | 0 0 |

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|----------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 Mark K Stephens MD, Physician | (i) | 353,475 | 42,442 | 0 | 10,546 | 433,661 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Daniel L Smith MD, Physician | (i) | 352,788 | 0 | 0 | 10,163 | 390,286 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

Part I

Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A West Virginia Hospital Finance Authority | 62-1256910 | 956624AQ3 | 06-19-2008 | 127,355,000 | See Part VI | | X | | X | | X |
| B West Virginia Hospital Finance Authority | 62-1256910 | 956622ZV9 | 09-10-2009 | 177,519,271 | See Part VI | | X | | X | | X |
| C West Virginia Hospital Finance Authority | 62-1256910 | 956622F74 | 07-24-2014 | 50,641,160 | See Part VI | | X | | X | | X |
| D West Virginia Hospital Finance Authority | 62-1256910 | | 09-30-2008 | 26,000,000 | See Part VI | | X | | X | | X |

Part II

Proceeds

| | | | | | A | B | C | D |
|----|--|--|--|--|-------------|-------------|------------|------------|
| 1 | Amount of bonds retired | | | | 3,860,000 | 63,635,000 | | 4,994,463 |
| 2 | Amount of bonds legally defeased | | | | | | | |
| 3 | Total proceeds of issue | | | | 130,384,655 | 178,397,572 | 50,641,160 | 26,105,219 |
| 4 | Gross proceeds in reserve funds | | | | | 8,928,525 | 3,563,831 | |
| 5 | Capitalized interest from proceeds | | | | | 842,090 | | |
| 6 | Proceeds in refunding escrows | | | | | | | |
| 7 | Issuance costs from proceeds | | | | 2,071,347 | 2,455,533 | 640,714 | 146,457 |
| 8 | Credit enhancement from proceeds | | | | 773,024 | | | |
| 9 | Working capital expenditures from proceeds | | | | | 17,301,803 | | |
| 10 | Capital expenditures from proceeds | | | | 80,533,761 | 2,926,790 | | 4,214,556 |
| 11 | Other spent proceeds | | | | 33,084,021 | 146,196,700 | 50,000,446 | 21,744,205 |
| 12 | Other unspent proceeds | | | | 13,922,502 | | | |
| 13 | Year of substantial completion | | | | 2013 | | 2013 | |
| | | | | | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | | | X | | X | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | | | | X | X | X |
| 16 | Has the final allocation of proceeds been made? | | | | | X | X | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | X | | X | X |

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

| | A | | B | | C | | D | |
|----|--|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | |
| | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | |
| | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | |
| | | X | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | |
| | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | |
| | 0 % | | 0 % | | 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 % | | 0 % | | 0 % | |
| 6 | Total of lines 4 and 5 | | | | | | | |
| | 0 % | | 0 % | | 0 % | | 0 % | |
| 7 | Does the bond issue meet the private security or payment test? | | | | | | | |
| | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | |
| | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | |
| | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | |
| | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | |
| | X | | X | | X | | X | |

Part IV

Arbitrage

| | A | | B | | C | | D | |
|----|--|----|-----------------------|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | | | | | | |
| | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | |
| | | | | | | | | |
| a | Rebate not due yet? | | | | | | | |
| | | X | | X | X | | | X |
| b | Exception to rebate? | | | | | | | |
| | | X | | X | | X | | X |
| c | No rebate due? | | | | | | | |
| | X | | X | | | X | X | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | |
| | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | | | | | | |
| | X | | | X | | X | X | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | | | | | | |
| | X | | | X | | X | | X |
| b | Name of provider | | Merrill Lynch Capital | | | | | |
| c | Term of hedge | | 29 200000000000 | | | | | |
| d | Was the hedge superintegrated? | | | | | | | |
| | | X | | | | | | |
| e | Was the hedge terminated? | | | | | | | |
| | | X | | | | | | |

Part IV

Arbitrage (Continued)

| | | A | | B | | C | | D | |
|----|---|-----|----|-------------------|----|-------------------|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | X | | X | | | X |
| b | Name of provider | | | Wachovia | | Wachovia | | | |
| c | Term of GIC | | | 23 00000000000000 | | 23 00000000000000 | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | X | | X | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | X | | X | | | X | X | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V

Procedures To Undertake Corrective Action

| | | A | | B | | C | | D | |
|--|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|-----------------------------------|---|
| Date Rebate Computation Performed | Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 08/18/2014 Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 08/18/2014 Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 08/18/2014 |

| Return Reference | Explanation |
|-------------------------------------|---|
| Schedule K Supplemental Information | <p>Part I Line A (F) Description of purpose The proceeds for the 2008A Bonds were used to (i) currently refund the Series 1995A Bonds originally issued on 9/26/95, (ii) pay the costs of certain capital expenditures made, or to be made, by CAMC, refinance a bank loan, and (iii) pay the costs of issuing the Series 2008A Bonds, including certain fees of the bank 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 originally issued on 9/24/02, (ii) pay a portion of a termination payment as a result of termination of hedge agreement in connection with the 2002 Bonds (an extraordinary working capital expenditure), (iii) fund a debt service reserve fund, and (iv) pay the costs of issuing the 2009 Bonds Part I Line C (F) Description of purpose The proceeds for the 2014A Bonds were used to (i) currently refund and extinguish a portion of the Series 2009 A Bonds issued 9/10/2009 and (ii) pay the costs of issuing the 2014 A Bonds Part I Line D (F) Description of purpose The proceeds of the 2008A Bonds were to refund a portion of a \$30,000,000 temporary note used to finance the acquisition, construction and improvement of facility and to finance a project acquisition fund Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings Working capital expenditures reported in Part II, Line 9, Column B consist of a swap termination payment Part II, line 11, column B Form 8038 reported that \$148,894,025 of proceeds was to be used to retire the prior debt The actual amount required for that purpose was \$146,196,700 The remainder was deposited to a project fund and spent on capital expenditures eligible for tax-exempt financing Part III has been completed for the column B bonds only with respect to the new money portion of the issue, as the refunding portion refunded pre-2003 debt Part III has been completed for the column C bonds exactly the same as for the column B bonds, since the column C bonds current refunded a portion of the column B bonds Part IV, Line 6, columns A, B, and D Such amounts were appropriately yield restricted</p> |

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, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |

| | | | | |
|-------|------|--|--|--|
| Total | ▶ \$ | | | |
|-------|------|--|--|--|

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose 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 | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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 |
| (1) Rick Crotty | Family member of Glenn Crotty, Officer | 60,552 | employed by organization | | No |
| (2) Barbara Covelli | Family member of Glenn Crotty, Officer | 88,685 | employed by organization | | No |
| (3) Donna Bell | Family member of Steve Bell, Officer | 156,967 | employed by organization | | No |
| (4) Matthew Griffith | Family member of James P. Griffith, MD, Trustee | 23,945 | employed by organization | | No |
| (5) Gloria Jean Morgan | Family member of Kristi Snyder, Officer | 94,551 | employed by organization | | No |
| (6) John Snyder | Family member of Kristi Snyder, Officer | 86,409 | employed by organization | | No |
| (7) Christine Oskin | Family member of Jeff Oskin, Officer | 115,871 | employed by organization | | No |
| (8) BBT | Relationship with Edwin H. Welch, PhD, CAMC Trustee | 649,943 | Purchased Services | | No |
| (9) Kay Casto Cheney PLLC | Partnership more than 5% owned by John R. Hoblitzell, Trustee | 138,264 | Purchased Services | | No |
| (10) Ryan Tierney | Family member of James Tierney, DO | 53,195 | employed by organization | | No |
| (11) Bridget Tierney | Family member of James Tierney, DO | 40,487 | employed by organization | | No |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 6 | CAMC Health System, Inc ("CAMCHSI") is CAMC's sole voting member |
| Form 990, Part VI, Section A, line 7a | CAMC Health System, Inc ("CAMCHSI") is CAMC's sole voting member and has authority to elect all voting trustees of CAMC other than ex-officio trustees named in CAMC's governing documents. The sole voting member has the sole authority to amend CAMC's governing documents. |
| Form 990, Part VI, Section A, line 7b | CAMCHSI is CAMC's sole voting member and has reserved powers under CAMC's governing documents, which provide that decisions of CAMC's governing body such as election of officers, a 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 | CAMC compiles necessary information for Form 990 through the efforts of various officers and trustees of the organization and its affiliates. 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 its 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 and resolve potential conflict of interest issues relative to action items. Annual disclosure procedures are implemented and the board chair and Nominating Committee periodically review conflict situations. The organization's conflict of interest policy requires all disclosed conflicts to be reported by the Chief Compliance Officer to the CAMCHSI Management Compliance Committee. The Compliance Officer will inform the Board of Trustees Audit Committee at their next scheduled meeting of all such activities approved by the Management Compliance Committee. The Manager (the direct supervisor of a company representative) may concur with the Compliance Officer's decision or may ask that the Management Compliance Committee review the Conflict of Interest Form in question. The Management Compliance Committee will then review the conflict of interest in questions at the next meeting and their decision is final. |
| 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, Inc subsidiaries (including CAMC) and executives (including CAMC's CEO). The Committee uses the data to determine the total compensation of CAMC's CEO and other executive officers. This data is reviewed every two years or when a new person comes into a executive role. |
| 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 Bylaws 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 XI, line 9 | Change in Affiliate Receivable Balance 770,462 Increase/Decrease in beneficial interest in CAMC Foundation 680,763 Change in Temp Restricted Contributions -20,247 Affiliate Transfers CAMC Health System, Inc and Subsidiaries -6,468,386 Changes in non-controlling interest -306,340 Change in retirement obligation -447,160 Teays Valley Merger Net Assets 5,812,053 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Charleston Area Medical Center Inc

Employer identification number
55-0526150

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1) CAMC Health System Inc PO BOX 1547 Charleston, WV 253261547 55-0664138 | Parent Company | WV | 501(c)(3) | Line 11, Type III-FI | N/A | | No |
| (2) CAMC Foundation Inc PO BOX 1547 Charleston, WV 253261547 31-0887133 | Foundation | WV | 501(c)(3) | Line 11, Type II 50 | CAMC Health SystemInc | Yes | |
| (3) CAMC Health Education and Research Institute Inc PO BOX 1547 Charleston, WV 253261547 55-0753754 | Medical Research | WV | 501(c)(3) | Line 11, Type II 50 | CAMC Health SystemInc | Yes | |
| (4) CAMC Teays Valley Hospital Inc PO BOX 1547 Charleston, WV 253261547 55-0752636 | Hospital | WV | 501(c)(3) | Line 3 170(b)(1)(a) | CAMC Health SystemInc | Yes | |

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? | | (k) Percentage ownership |
|--|----------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) Women and Children's Medical Office Building Partnership PO Box 1547 Charleston, WV 253261547 55-0669065 | Medical office Building | WV | CAMC | Related | | | | No | | Yes | | 90 100 % |
| (2) General Division Medical Office Building Partnership PO Box 1547 Charleston, WV 253261547 55-0623949 | Medical office Building | WV | CAMC | Related | | | | No | | Yes | | 84 010 % |

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 | (i) Section 512 (b)(13) controlled entity? | |
|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Integrated Health Care Providers Inc PO Box 1547 Charleston, WV 253261547 55-0751010 | Specialty Physician Practices | WV | N/A | C | | | | | No |

Part V

Transactions With Related Organizations

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

| | Yes | No |
|----|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | Yes | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | Yes | |
| | | |
| 1k | Yes | |
| 1l | Yes | |
| 1m | Yes | |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | Yes | |
| 1q | Yes | |
| | | |
| 1r | Yes | |
| 1s | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| See Additional Data Table | | | |

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 55-0526150

Name: Charleston Area Medical Center Inc

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|---|
| CAMC Health Education and Research Institute Inc | R | 6,436,162 | Contract |
| Integrated Health Care Providers Inc | B | 46,260,361 | Contract |
| CAMC Foundation Inc | C | 9,152,846 | Contract |
| General Division Medical Office Building Partnership | E | 364,969 | Contract |
| CAMC Health Education and Research Institute Inc | J | 257,204 | Contract |
| Integrated Health Care Providers Inc | J | 1,460,551 | Contract |
| CAMC Foundation Inc | K | 591,447 | Contract |
| Women and Children's Medical Office Building Partnership | K | 924,895 | Contract |
| General Division Medical Office Building Partnership | K | 675,932 | Contract |
| Integrated Health Care Providers Inc | K | 84,318 | Contract |
| CAMC Health System Inc | L | 72,339 | Contract |
| CAMC Foundation Inc | L | 230,025 | Contract |
| CAMC Health Education and Research Institute Inc | L | 375,360 | Contract |
| Women and Children's Medical Office Building Partnership | L | 248,608 | Contract |
| General Division Medical Office Building Partnership | L | 187,259 | Contract |
| Integrated Health Care Providers Inc | L | 4,626,343 | Contract |
| CAMC Health Education and Research Institute Inc | M | 15,323,133 | Fair Market Value |
| CAMC Health Education and Research Institute Inc | P | 652,438 | Fair Market Value |
| Integrated Health Care Providers Inc | P | 3,911,579 | Fair Market Value |
| CAMC Foundation Inc | Q | 269,892 | Fair Market Value |
| CAMC Health Education and Research Institute Inc | Q | 2,305,504 | Fair Market Value |
| Women and Children's Medical Office Building Partnership | Q | 80,335 | Fair Market Value |
| General Division Medical Office Building Partnership | Q | 202,741 | Fair Market Value |
| Integrated Health Care Providers Inc | Q | 64,601,541 | Fair Market Value |
| CAMC Health System Inc | R | 558,674 | Fair Market Value |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--------------------------------------|---------------------------------|------------------------|---|
| Integrated Health Care Providers Inc | R | 5,909,715 | Fair Market Value |