

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

Doing business as
CAMDEN CLARK MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)Room/suite
800 GARFIELD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PARKERSBURG, WV 26101

D Employer identification number
31-1524546

E Telephone number
(304) 424-2202

G Gross receipts \$ 240,849,538

F Name and address of principal officer
DAVID K MCCLURE
800 GARFIELD AVE
PARKERSBURG, WV 26102

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.CCMH.ORG

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

L Year of formation 1997

M State of legal domicile WV

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO OPERATE AN ACUTE CARE AND EMERGENCY HOSPITAL FACILITY		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,200
	6 Total number of volunteers (estimate if necessary)	6	398
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	672,245
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	717,972
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	96,246	64,945
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,729,290	235,020,558
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,601,714	2,647,747
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,735,961	1,389,585
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	233,163,211	239,122,835
	14 Benefits paid to or for members (Part IX, column (A), line 4)	275,459	284,043
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	90,045,770	86,849,302
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	143,483,937	145,522,445
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	233,805,166	232,655,790
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-641,955	6,467,045
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	326,543,610	264,673,952
	22 Net assets or fund balances Subtract line 21 from line 20	289,916,466	281,417,100
		36,627,144	-16,743,148

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

CAROLYN ALLEN CFO

Type or print name and title

2016-09-29

Date

Paid Preparer Use Only

Print/Type preparer's name
SUSAN S DULL

Preparer's signature
SUSAN S DULL

Date
2016-09-29

Check ☐ if self-employed

PTIN
P00233523

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ PO BOX 1556

Phone no (304) 292-7343

MORGANTOWN, WV 26507

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

Form990(2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [] Yes [x] No

1 Briefly describe the organization's mission

THE MISSION OF CAMDEN-CLARK MEMORIAL HOSPITAL IS TO MEET THE HEALTH CARE NEEDS OF OUR COMMUNITY FOR A LIFETIME

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [x] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [x] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 121,680,957 including grants of \$) (Revenue \$ 129,274,404)
CAMDEN CLARK MEMORIAL HOSPITAL OFFERS EMERGENCY ROOM SERVICES AS PART OF THE HOSPITAL'S MISSION OF MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY FOR A LIFETIME. DUE TO THE COMMUNITY THAT IT SERVES, THE MAJORITY OF PATIENTS VISITING THE ER ARE EITHER UNDERINSURED OR UNINSURED. FOR THE REPORTING PERIOD, THERE WERE APPROXIMATELY 58,294 ER VISITS, OF THIS TOTAL, 9,645 OR 16.6% WERE ULTIMATELY ADMITTED TO THE HOSPITAL. THIS REPRESENTS 70.7% OF THE TOTAL HOSPITAL ADMISSIONS FOR 2014. THEREFORE, A SIGNIFICANT PORTION OF THE HOSPITAL'S INPATIENT VOLUME COMES DIRECTLY FROM THE ER.

4b (Code) (Expenses \$ 12,534,037 including grants of \$) (Revenue \$ 11,996,967)
CAMDEN-CLARK MEMORIAL HOSPITAL IS A LEADER IN CANCER CARE FOR THE MID-OHIO VALLEY, PROVIDING CANCER CARE TO PATIENTS IN A 45 MILE RADIUS FROM THE HOSPITAL. IN ADDITION TO A WIDE RANGE OF TREATMENT OPTIONS PROVIDED, THE HOSPITAL OFFERS A NUMBER OF RELATED SERVICES TO ITS PATIENTS. THROUGH THE HOSPITAL'S COLLABORATION WITH THE AMERICAN CANCER SOCIETY, THE DEVELOPMENT OF THE ORGANIZATION'S CANCER RESOURCE CENTER, A HAIR RESTORATION SALON, A PATIENT NAVIGATOR AND AN ONCOLOGY SOCIAL WORKER, THE HOSPITAL HAS ENHANCED THE EDUCATION, NAVIGATION AND SOCIAL SUPPORT OF ITS CANCER PATIENTS AND FAMILIES. THE HOSPITAL'S COMMUNITY AND SOCIAL SERVICES PROVIDE A HOLISTIC HEALING ENVIRONMENT WHICH INCLUDES SUPPORT GROUPS FOR PATIENTS/FAMILIES AND AESTHETIC SERVICES TO ENHANCE THE PATIENTS' PHYSICAL AND EMOTIONAL WELL-BEING.

4c (Code) (Expenses \$ 6,113,630 including grants of \$) (Revenue \$ 7,840,537)
CAMDEN-CLARK MEMORIAL HOSPITAL OFFERS BEHAVIORAL HEALTH SERVICES FOR ITS IMMEDIATE SERVICE AREA DIRECTLY THROUGH THE HOSPITAL. IN ADDITION, SERVICES ARE PROVIDED TO UNDERSERVED COUNTIES THROUGHOUT THE AREA VIA PHYSICIANS THAT ARE EMPLOYED BY CAMDEN CLARK PHYSICIAN CORPORATION, A RELATED ENTITY. THERE IS A SEVERE SHORTAGE OF BEHAVIORAL HEALTH SERVICES AVAILABLE IN THE MID-OHIO VALLEY, AND CAMDEN-CLARK HAS MADE EFFORTS TO BRIDGE THAT GAP.

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 77,997,755 including grants of \$ 284,043) (Revenue \$ 87,048,859)

4e Total program service expenses ▶ 218,326,379

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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	221	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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.	2,200	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 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	7	
1b	Enter the number of voting members included in line 1a, above, who are independent	5	
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CAROLYN ALLEN 800 GARFIELD AVENUE PARKERSBURG, WV 26102 (304) 424-2202

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			
(1) TERRY CAPEL BOARD MEMBER (CHAIRMAN)	1 00 2 00	X		X				0	0	0
(2) JOSEPH CAMPBELL BOARD MEMBER	1 00 2 00	X						0	0	0
(3) GREGORY GORE BOARD MEMBER (SECRETARY)	1 00 1 00	X		X				0	0	0
(4) MICHAEL MOREHEAD BOARD MEMBER	1 00 1 00	X						0	0	0
(5) JENNIFER LEAVITT BOARD MEMBER	1 00 1 00	X						90,384	0	0
(6) KATHY G EDDY VICE CHAIRMAN	1 00 2 00	X		X				0	0	0
(7) KARL BOELTER BOARD MEMBER 1/1/2015-2/1/2015	1 00 1 00	X						0	0	0
(8) RANDY SNIDER BOARD MEMBER	1 00 1 00	X						0	0	0
(9) TODD A KRUGER VICE PRESIDENT	30 00 10 00			X				383,564	0	15,865
(10) DAVID K MCCLURE PRESIDENT/CEO	38 00 2 00			X				517,095	0	36,964
(11) THOMAS R HELLER VP OF HR	30 00 10 00			X				319,586	0	50,655
(12) CYNTHIA A KERN VP QUALITY	40 00			X				226,536	0	30,458
(13) CAROLYN ALLEN TREASURER	33 00 7 00			X				290,428	0	26,650
(14) JOSHUA R WOODS CHIEF INFORMATION OFFICER	40 00					X		135,689	0	21,049

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GENE A SEXTON PHARMACIST	40 00					X		133,055	0	33,559
(16) MICHAEL D TRIMBLE PHARMACIST	40 00					X		131,635	0	11,956
(17) SHAUN D CARTER PHARMACY MANAGER	40 00					X		139,744	0	7,793
(18) PAMELA K MINCKS PHARMACIST	40 00					X		129,582	0	25,680
(19) MICHAEL A KING FORMER CEO	1 00 6 00						X	294,281	0	6,089

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	2,791,579	0	266,718

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 ▶ 32

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
ACCENTURE LLP 161 N CLARK STREET CHICAGO, IL 60601	OPERATIONS	3,639,378
RESTORIX HEALTH 445 HAMILTON AVE SUITE 800 WHITE PLAINS, NY 10601	WOUND CARE	1,498,296
QUEST DIAG NICHOLS INSTITUTE 27027 TOURNEY ROAD VALENCIA, CA 91355	LAB SERVICES	1,127,859
JACKSON KELLY PO BOX 553 CHARLESTON, WV 25322	LAW FIRM	764,695
AUREUS MEDICAL GROUP NURSING DIVISION 2425 S 171ST STREET OMAHA, NE 68130	NURSING SERVICES	439,724

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 ▶ 42

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 _____	64,945					
	b	Membership dues 1b _____						
	c	Fundraising events 1c _____						
	d	Related organizations 1d 64,945						
	e	Government grants (contributions) 1e _____						
	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 ▶					64,945	
Program Service Revenue	2a	PATIENT SERVICE,NET Business Code 621500	231,227,217	231,227,217				
	b	PASS-THROUGH INCOME - OVASC & HH 621910	1,103,525	1,103,525				
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue	2,689,816	2,689,816				
	g	Total. Add lines 2a-2f ▶	235,020,558					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,469,506		4,312	2,465,194	
4		Income from investment of tax-exempt bond proceeds . . . ▶	166,771			166,771		
5		Royalties ▶						
6a		Gross rents	(i) Real	1,308,146				
			(ii) Personal					
			b	Less rental expenses				1,726,703
			c	Rental income or (loss)				-418,557
d		Net rental income or (loss) ▶	-418,557			-418,557		
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	11,470				
			b	Less cost or other basis and sales expenses				0
			c	Gain or (loss)				11,470
d		Net gain or (loss) ▶	11,470			11,470		
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	CAFETERIA	624200	1,054,293	1,054,293				
b	HEALTH AND WELLNESS CENTER	713940	667,933		667,933			
c	OTHER	900099	85,916	85,916				
d	All other revenue							
e	Total. Add lines 11a-11d ▶	1,808,142						
12	Total revenue. See Instructions ▶	239,122,835	236,160,767	672,245	2,224,878			

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	284,043	284,043		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,929,301	632,711	1,296,590	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,338,954	61,254,083	4,084,871	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,235,010	2,056,209	178,801	
9	Other employee benefits	11,593,911	10,666,398	927,513	
10	Payroll taxes	5,752,126	5,291,956	460,170	
11	Fees for services (non-employees)				
a	Management				
b	Legal	205,164		205,164	
c	Accounting	133,804		133,804	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,255,835	17,715,368	1,540,467	
12	Advertising and promotion	639,660	588,487	51,173	
13	Office expenses	3,464,226	3,187,088	277,138	
14	Information technology	1,147,699	1,055,883	91,816	
15	Royalties				
16	Occupancy	4,739,062	4,359,937	379,125	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,614	110,045	9,569	
20	Interest	7,785,515	7,162,673	622,842	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,675,321	15,341,295	1,334,026	
23	Insurance	3,114,562	2,865,397	249,165	
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	27,191,703	27,191,703		
b	PATIENT CHARGES	20,019,979	20,019,979		
c	PHYSICIAN FEES	10,233,365	9,414,696	818,669	
d	PROVISION FOR BAD DEBTS	9,940,587	9,940,587		
e	All other expenses	20,856,349	19,187,841	1,668,508	
25	Total functional expenses. Add lines 1 through 24e	232,655,790	218,326,379	14,329,411	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		426,493	1	1,139,734
	2	Savings and temporary cash investments		5,622,913	2	5,895,358
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,146,549	4	25,994,048
	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		1,675,235	7	2,932,679
	8	Inventories for sale or use		10,835,132	8	9,977,395
	9	Prepaid expenses and deferred charges		54,522	9	1,052,673
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 288,359,390			
	b	Less: accumulated depreciation	10b 157,215,266	156,789,705	10c	131,144,124
	11	Investments—publicly traded securities		95,737,317	11	73,911,592
	12	Investments—other securities. See Part IV, line 11		917,007	12	1,012,494
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		30,338,737	15	11,613,855
	16	Total assets. Add lines 1 through 15 (must equal line 34)		326,543,610	16	264,673,952
Liabilities	17	Accounts payable and accrued expenses		26,295,243	17	26,736,014
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		216,698,577	20	212,592,937
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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		1,400,000	23	5,960,430
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		45,522,646	25	36,127,719
	26	Total liabilities. Add lines 17 through 25		289,916,466	26	281,417,100
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		36,627,144	27	-16,743,148
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		36,627,144	33	-16,743,148
	34	Total liabilities and net assets/fund balances		326,543,610	34	264,673,952

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	239,122,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	232,655,790
3	Revenue less expenses Subtract line 2 from line 1	3	6,467,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,627,144
5	Net unrealized gains (losses) on investments	5	-28,191,809
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	80,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31,725,528
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,743,148

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 31-1524546

Name: CAMDEN-CLARK MEMORIAL HOSPITAL
CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	77,997,755	including grants of \$	284,043) (Revenue \$	87,048,859)
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THE HOSPITAL STRIVES TO SUPPLY A COMPREHENSIVE RANGE OF INPATIENT, OUTPATIENT, OUTREACH CLINICS AND EMERGENCY ROOM SERVICES, INCLUDING PREVENTION, GUIDANCE, DIAGNOSIS, TREATMENT, RESTORATION, REHABILITATION AND OTHER EFFORTS AS MAY BE REQUIRED TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY AND AS THE HOSPITAL'S RESOURCES WILL PERMIT ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. OUR MISSION IS TO SERVE THE COMMUNITY BY PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION. THEREFORE, IN KEEPING WITH THIS COMMITMENT TO SERVICE ALL MEMBERS OF THE COMMUNITY, CAMDEN-CLARK MEMORIAL HOSPITAL WILL PROVIDE THE FOLLOWING WHERE THE INDIVIDUAL'S NEED AND/OR AN INABILITY TO PAY COEXIST - FREE CARE AND/OR SUBSIDIZED CARE - CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST - HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. IN ADDITION, CHARITY CARE IS PROVIDED THROUGH MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT THE HOSPITAL BELIEVES WILL SERVE A BONAFIDE COMMUNITY HEALTH NEED. THE HOSPITAL ALSO PROVIDES NUMEROUS OTHER BENEFITS FOR THE MID-OHIO VALLEY COMMUNITY, INCLUDING ECONOMIC BENEFITS, HEALTH EDUCATION, WELLNESS/OUTREACH PROGRAMS, AND PUBLIC SERVICES AND SUPPORT GROUPS.

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

2015

Open to Public Inspection

Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

Employer identification number
31-1524546

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION	Employer identification number 31-1524546
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

A

Check

☐

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

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 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?
- b
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c
- Media advertisements?
- d
- Mailings to members, legislators, or the public?
- e
- Publications, or published or broadcast statements?
- f
- Grants to other organizations for lobbying purposes?
- g
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- h
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i
- Other activities?
- j
- Total. Add lines 1c through 1i.
- 2a
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b
- If "Yes," enter the amount of any tax incurred under section 4912.
- c
- If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
- d
- If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)		(b)
Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	
Yes		28,186
		28,186
	No	

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		
2		
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
- 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
- b
- Carryover from last year
- c
- Total
- 3
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5
- Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
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	THE ORGANIZATION PAID DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AS WELL AS THE WEST VIRGINIA HOSPITAL ASSOCIATION (WVHA). A PORTION OF THESE DUES, SPECIFICALLY \$28,186, WAS RELATED TO LOBBYING ACTIVITIES OF THE AHA AND WVHA.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION	Employer identification number 31-1524546
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

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

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)** unrelated organizations

(ii) related organizations
- | | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		5,483,505		5,483,505
b Buildings		133,568,755	54,231,076	79,337,679
c Leasehold improvements				
d Equipment		149,307,130	102,984,190	46,322,940
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				131,144,124

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	WVUHS, WVUH, PVH, CCHS, CCMC, CCF, CCPC, UNIVERSITY HEALTHCARE, BMC, JMC, UNIVERSITY HEALTHCARE FOUNDATION, UHC, USC, UHF, UPC, SJH AND SJF ARE TAX-EXEMPT ORGANIZATIONS AND NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ON SUCH BASIS, THEY WILL NOT INCUR ANY LIABILITY FOR INCOME TAXES, EXCEPT FOR POSSIBLE UNRELATED BUSINESS INCOME. AHS AND WVUIS ARE ORGANIZATIONS SUBJECT TO FEDERAL AND/OR STATE INCOME TAXES. THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2015 AND 2014. THE SYSTEM'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

[illegible]

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION	Employer identification number 31-1524546
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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	Yes	
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		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
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)			4,082,035		4,082,035	1 830 %
b Medicaid (from Worksheet 3, column a)			49,143,434	33,685,181	15,458,253	6 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			53,225,469	33,685,181	19,540,288	8 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,618,758		1,618,758	0 730 %
f Health professions education (from Worksheet 5)			1,213,249	14,314	1,198,935	0 540 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			2,832,007	14,314	2,817,693	1 270 %
k Total. Add lines 7d and 7j			56,057,476	33,699,495	22,357,981	10 040 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

3,575,073

3

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

3

1,988,117

4

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

Section B. Medicare

5

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

5

70,395,896

6

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

6

83,550,698

7

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

7

-13,154,802

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part 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 %
1 OHIO VALLEY AMBULATORY SURGERY CENTER LLC	AMBULATORY SERVICES	62.500 %		
2 HOUSECALLS HOME HEALTH & HOSPICE LLC	HOME HEALTH SERVICES	10.000 %		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

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)

[illegible]

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)
CAMDEN-CLARK MEMORIAL HOSPITAL CORP

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): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The significant health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	3	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	5	Yes
6b	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	6a	No
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) ☐ HTTP //WVUMEDICINE.ORG/CAMDEN-CLARK/WP-CONTENT/UPLOADS/SITES/6/2016/04/COMM a ☐ Hospital facility's website (list url) <u>CONTENT/UPLOADS/SITES/6/2016/04/COMM</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	6b	No
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	7	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? ☐ HTTP //WWW.CAMDENCLARK.ORG/UPLOADS/PUBLIC/COMMUNITY%20HEALTH%20NEEDS%20ASSE	9	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
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	10b	No
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)?	11	
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12a	No
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

CAMDEN-CLARK MEMORIAL HOSPITAL CORP			
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that 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	☐ 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 350 000000000000 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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	☐ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	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	☐ The FAP was widely available on a website (list url) HTTP //WVUMEDICINE ORG/CAMDEN-CLARK/WP-CONTENT/UPLOADS/SITES/6/2016/02/FINA		
b	☐ The FAP application form was widely available on a website (list url) HTTP //WVUMEDICINE ORG/CAMDEN-CLARK/WP-CONTENT/UPLOADS/SITES/6/2016/02/FINA		
c	☐ A plain language summary of the FAP was widely available on a website (list url) HTTP //WVUMEDICINE ORG/CAMDEN-CLARK/WP-CONTENT/UPLOADS/SITES/6/2016/02/FINA		
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ 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	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CAMDEN-CLARK MEMORIAL HOSPITAL CORP

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☐ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☐ Other (describe in 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

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? 3

Name and address	Type of Facility (describe)
1 1 - PATRIOT POINT DIAGNOSTIC 2838 PIKE STREET PARKERSBURG, WV 26101	RADIOLOGY/LAB
2 2 - GARFIELD DIAGNOSTIC 2012 GARFIELD AVE BUILDING 2 SUITE 1 PARKERSBURG, WV 26101	RADIOLOGY/LAB
3 3 - SLEEP LAB 19TH STREET CAMPUS PARKERSBURG, WV 26101	DIAGNOSTIC
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	WORKSHEET 2, "RATIO OF PATIENT CARE, COST TO CHARGES" WAS USED TO COMPLETE THE COST-TO-CHARGE RATIO IN PART I, LINE 7 FOR "OTHER BENEFITS", ACTUAL EXPENSES OF THE ORGANIZATION AT COST WERE USED IN ADDITION TO SOME DONATED ITEMS VALUED AT FAIR MARKET VALUE

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE AMOUNT OF TOTAL EXPENSE REPORTED ON FORM 990, PART IX, LINE 25 INCLUDES A BAD DEBT EXPENSE OF \$9,940,587 WHICH HAS BEEN REMOVED FOR PURPOSES OF COMPUTING PERCENT OF TOTAL EXPENSE IN COLUMN (F)

Form and Line Reference	Explanation
PART III, LINE 4	PART III, LINE 2 BAD DEBT EXPENSE AT COST IS CALCULATED BY MULTIPLYING THE INTERNAL FINANCIAL STATEMENT AMOUNT OF BAD DEBT EXPENSE (\$9,940,587) BY THE COST TO CHARGE RATIO (35.96%) WHICH WAS DETERMINED BY USING IRS WORKSHEET 2 FROM THE SCHEDULE H INSTRUCTIONS. PART III, LINE 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTED TO PATIENTS ELIGIBLE UNDER THE CHARITY CARE POLICY IS CALCULATED BASED ON THE ESTIMATE OF 20% OF THE BAD DEBT AT COST. THE RATIONALE FOR THIS IS THAT SELF-PAY BALANCES AFTER INSURANCE ARE NOT ACCOUNTS THAT THE ORGANIZATION FOCUSES A LOT OF EFFORT ON. THE ORGANIZATION FOCUSES THEIR EFFORTS ON QUALIFYING PATIENTS FOR CHARITY CARE ON PRIMARY SELF-PAY ACCOUNTS. NOT ALL PATIENTS TAKE THE INITIATIVE TO SEE IF THEY QUALIFY FOR CHARITY CARE. PART III, LINE 4 TO AUDITED FINANCIAL STATEMENTS PAGE 9

Form and Line Reference	Explanation
PART III, LINE 8	THE ORGANIZATION USED INFORMATION FROM THEIR COST REPORT TO COMPLETE THIS SECTION AS WELL AS THEIR INTERNAL REPORTS THE ORGANIZATION RAN A REPORT FOR 2015 OF EVERY PATIENT THAT QUALIFIED FOR MEDICARE THAT WOULD ALSO HAVE QUALIFIED MEDICAID IF MEDICARE DID NOT EXIST THE ORGANIZATION BELIEVES THAT IF A PERSON IS QUALIFIED FOR MEDICAID, THEY WOULD HAVE ALSO QUALIFIED UNDER THE ORGANIZATION'S CHAIRTY CARE GUIDELINES THE ORGANIZATION FOUND THAT 21 52% OF MEDICARE PATIENTS WERE DUALY ELIGIBLE FOR MEDICARE/MEDICAID THEREFORE, 21 52% OF THE SHORTFALL, OR \$3,906,161, WOULD QUALIFY AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 9B	IF A PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEN NO COLLECTION ACTIVITY WILL OCCUR ON THEIR ACCOUNT THE CHARITY QUALIFICATION IS GOOD FOR SIX-MONTHS, SO ANY SUBSEQUENT VISITS DURING THAT SIX-MONTH PERIOD WOULD ALSO QUALIFY FOR CHARITY CARE AND WOULD NOT BE SUBJECT TO COLLECTION ACTIVITY

Form and Line Reference	Explanation
PART VI, LINE 2	THE ORGANIZATION IS PART OF THE MID-OHIO VALLEY RURAL HEALTH ALLIANCE THE ALLIANCE MEMBERS JOINTLY ASSESS THE NEEDS OF THE REGION AND WORK WITH A CONSULTANT TO ENSURE THAT THOSE NEEDS ARE ADDRESSED THE ORGANIZATION IS IN THE PROCESS OF PREPARING ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION PROVIDES, IN WRITING, ALL OPTIONS FOR POSSIBLE FINANCIAL ASSISTANCE THIS INFORMATION IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE THE ORGANIZATION ALSO HAS REPRESENTATIVES THAT ARE AVAILABLE TO DISCUSS OPTIONS WITH INPATIENTS AND OUTPATIENTS ON A DAILY BASIS STATE MEDICAID WORKERS ARE ONSITE TO HELP DETERMINE PATIENT ELIGIBILITY AND TO ASSIST PATIENTS THROUGH THE ELIGIBILITY PROCESS

Form and Line Reference	Explanation
PART VI, LINE 4	CAMDEN-CLARK MEDICAL CENTER, LOCATED IN PARKERSBURG, WV, SERVICES THE MID-OHIO VALLEY REGION OF WEST VIRGINIA AND OHIO THE PRIMARY SERVICE AREA CONSISTS OF FOUR COUNTIES WITH AN ESTIMATED TOTAL POPULATION OF 164,000 PEOPLE AND A MEDIAN HOUSEHOLD INCOME OF APPROXIMATELY \$39,000 IT IS AN AGING POPULATION THERE IS A DECLINING CORPORATE PRESENCE IN THE AREA WHICH HAS NEGATIVELY IMPACTED THE UNEMPLOYMENT RATE THERE IS ONE OTHER HOSPITAL WITHIN THE PRIMARY SERVICE AREA, LOCATED IN MARIETTA, OH IN ADDITION, THE COMMUNITY INCLUDES SEVERAL FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS

Form and Line Reference	Explanation
PART VI, LINE 5	A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE HOSPITAL, NOR FAMILY MEMBERS THEREOF THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY TO MANY OF ITS DEPARTMENTS ANY SURPLUS OF FUNDS IS USED PRIMARILY TO ENHANCE PATIENT CARE WHILE NO RESEARCH IS DONE AT THE FACILITY, A RESIDENCY PROGRAM WAS STARTED IN 2009

Form and Line Reference	Explanation
PART VI, LINE 6	CCMH IS A PART OF THE WV UNITED HEALTH SYSTEM (SYSTEM), A NOT-FOR-PROFIT CORPORATION FORMED TO SERVE AS PART OF AN INTEGRATED HEALTH SCIENCE AND HEALTHCARE DELIVERY TEAM THE SYSTEM SERVES AS THE PARENT CORPORATION TO AN AFFILIATED GROUP OF HEALTHCARE PROVIDING ENTITIES THE STRATEGIC PLAN OF THE SYSTEM STATES INTENT TO BUILD A REGIONAL HEALTH CARE DELIVERY SYSTEM IN ITS SERVICES AREA, WHILE OFFERING A VARIETY OF OPTIONS FOR PROVIDERS WHO WANT TO PARTICIPATE THE SYSTEM MAINTAINS A DEMONSTRATED COMMITMENT TO ASSIST RURAL COMMUNITIES IN PRESERVING AND IMPROVING THE HEALTH CARE AVAILABLE TO THE PATIENTS IT SERVES CCMH PLAYS A SIGNIFICANT ROLE IN IMPROVING THE HEALTH OF THE COMMUNITY SYSTEM MANAGEMENT IS FOCUSED ON RECRUITMENT OF STAFF AND EMPLOYEES TO MEET THE GROWING NEEDS OF THE AGING POPULATION IN THE SYSTEM'S SERVICES AREAS OTHER HOSPITALS IN THE SYSTEM INCLUDE WEST VIRGINIA UNIVERSITY HOSPITALS, INC , IN MORGANTOWN, WV, UNITED HOSPITAL CENTER, IN BRIDGEPORT, WV, CITY HOSPITAL, INC , IN MARTINSBURG, WV, JEFFERSON MEMORIAL HOSPITAL, IN RANSON, WV, POTOMAC VALLEY HOSPITAL IN KEYSER, WV, AND ST JOSEPH'S HOSPITAL OF BUCKHANNON, INC ST JOSEPH'S JOINED THE SYSTEM IN OCTOBER 2015 THE SYSTEM ALSO INCLUDES THE PHYSICIAN PRACTICES OF UNITED PHYSICIANS CARE, INC AND CAMDEN-CLARK PHYSICIAN CORP THAT OPERATE IN CONJUNCTION WITH THE SYSTEM HOSPITALS UNITED SUMMIT CENTER IS A BEHAVIORAL HEALTH CENTER LOCATED IN CLARKSBURG, WV IN ADDITION TO THESE PRACTICES, THE SYSTEM ALSO INCLUDES WVUH-EAST, INC AND CAMDEN-CLARK HEALTH SERVICES WHICH OPERATE AS MANAGEMENT COMPANIES FOR THEIR RESPECTIVE HOSPITALS THE SYSTEM ALSO HAS FOUNDATIONS THAT DO VARIOUS FUNDRAISING ACTIVITIES FOR THE HOSPITALS UNIVERSITY HEALTHCARE FOUNDATION IN MARTINSBURG, WV, UNITED HEALTH FOUNDATION IN CLARKSBURG, CAMDEN-CLARK FOUNDATION IN PARKERSBURG, WV, AND ST JOSEPH'S FOUNDATION OF BUCKHANNON, INC IN BUCKHANNON, WV

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	WV

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 31-1524546
Name: CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CAMDEN-CLARK MEMORIAL HOSPITAL 800 GARFIELD AVENUE PARKERSBURG,WV 26102	X	X	X			X		DISPROPORTIONATE SHARE HOSPITAL	

OMB No 1545-0047

▶ **Attach to Form 990.**

2015

Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL
CORPORATION

Employer identification number	
--------------------------------	--

31-1524546

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?

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

☒ Yes ☐ No

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

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5**

3 Enter total number of other organizations listed in the line 1 table. 5

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IVSupplemental 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	CONTRIBUTIONS ARE DISCRETIONARY AND DECISIONS ON WHICH ORGANIZATIONS CAMDEN-CLARK MEMORIAL HOSPITAL SUPPORTS ARE MADE BY THE CEO IN CONJUNCTION WITH THE DIRECTOR OF MARKETING TYPICALLY, LOCAL ORGANIZATIONS ARE SUPPORTED THROUGHOUT THE YEAR AND THE DONATIONS ARE TYPICALLY NOT SPECIFICALLY RESTRICTED, SO THERE IS NO FOLLOW UP PROCESS FOR MONITORING THE USE OF THE FUNDS

Additional Data

Software ID:
Software Version:
EIN: 31-1524546
Name: CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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 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 RED CROSS 250 8TH STREET PARKERSBURG, WV 26101	53-0196605	501(C)(3)	5,000		N/A	N/A	OPERATIONS
WOOD COUNTY DEVELOPMENT PO BOX 1683 PARKERSBURG, WV 26101		N/A	5,500				ANNUAL PLEDGE
WVU FOUNDATION PAID TO WVUHS AS AGENT 1000 TECHNOLOGY DRIVE FAIRMONT, WV 26554	55-0175471	501(C)(3)	190,118				OPERATIONS

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 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
THE OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	67,915				OPERATIONS
GOOD SAMARITAN CLINIC INC 418 GRAND PARK DRIVE NO 311 PARKERSBURG, WV 26105	55-0708491	501(C)(3)	15,000				OPERATIONS

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" on 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

2015

Open to Public Inspection

Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

Employer identification number
31-1524546

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TODD A KRUGER VICE PRESIDENT	(i)	304,248 ----- 0	79,316 ----- 0	0 ----- 0	0 ----- 0	15,865 ----- 0	399,429 ----- 0	0 ----- 0
	(ii)							
2 DAVID K MCCLURE PRESIDENT/CEO	(i)	459,792 ----- 0	57,303 ----- 0	0 ----- 0	24,000 ----- 0	12,964 ----- 0	554,059 ----- 0	0 ----- 0
	(ii)							
3 THOMAS R HELLER VP OF HR	(i)	268,405 ----- 0	51,181 ----- 0	0 ----- 0	42,000 ----- 0	8,655 ----- 0	370,241 ----- 0	0 ----- 0
	(ii)							
4 CYNTHIA A KERN VP QUALITY	(i)	188,296 ----- 0	38,240 ----- 0	0 ----- 0	18,000 ----- 0	12,458 ----- 0	256,994 ----- 0	0 ----- 0
	(ii)							
5 CAROLYN ALLEN TREASURER	(i)	290,428 ----- 0	0 ----- 0	0 ----- 0	24,000 ----- 0	2,650 ----- 0	317,078 ----- 0	0 ----- 0
	(ii)							
6 JOSHUA R WOODS CHIEF INFORMATION OFFICER	(i)	135,689 ----- 0	0 ----- 0	0 ----- 0	5,450 ----- 0	15,599 ----- 0	156,738 ----- 0	0 ----- 0
	(ii)							
7 GENE A SEXTON PHARMACIST	(i)	133,055 ----- 0	0 ----- 0	0 ----- 0	18,000 ----- 0	15,559 ----- 0	166,614 ----- 0	0 ----- 0
	(ii)							
8 PAMELA K MINCKS PHARMACIST	(i)	129,582 ----- 0	0 ----- 0	0 ----- 0	18,000 ----- 0	7,680 ----- 0	155,262 ----- 0	0 ----- 0
	(ii)							
9 MICHAEL A KING FORMER CEO	(i)	22,027 ----- 0	0 ----- 0	272,254 ----- 0	0 ----- 0	6,089 ----- 0	300,370 ----- 0	0 ----- 0
	(ii)							

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 1A	MEMBERSHIPS AT THE HEALTH AND WELLNESS CENTER ARE OFFERED TO EACH MEMBER OF THE SENIOR LEADERSHIP TEAM. THESE ARE COVERED IN THE APPLICABLE EMPLOYMENT CONTRACTS.
PART I, LINE 3	COMPENSATION IS ESTABLISHED BY WEST VIRGINIA HEALTH SYSTEM (WVUHS) FOR CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION.

Additional Data

Software ID:
Software Version:
EIN: 31-1524546
Name: CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TODD A KRUGER VICE PRESIDENT	(i)	304,248	79,316	0	0	15,865	399,429	0
	(ii)	0	0	0	0	0	0	0
1DAVID K MCCLURE PRESIDENT/CEO	(i)	459,792	57,303	0	24,000	12,964	554,059	0
	(ii)	0	0	0	0	0	0	0
2THOMAS R HELLERVP OF HR	(i)	268,405	51,181	0	42,000	8,655	370,241	0
	(ii)	0	0	0	0	0	0	0
3CYNTHIA A KERN VP QUALITY	(i)	188,296	38,240	0	18,000	12,458	256,994	0
	(ii)	0	0	0	0	0	0	0
4CAROLYN ALLENTREASURER	(i)	290,428	0	0	24,000	2,650	317,078	0
	(ii)	0	0	0	0	0	0	0
5JOSHUA R WOODS CHIEF INFORMATION OFFICER	(i)	135,689	0	0	5,450	15,599	156,738	0
	(ii)	0	0	0	0	0	0	0
6GENE A SEXTON PHARMACIST	(i)	133,055	0	0	18,000	15,559	166,614	0
	(ii)	0	0	0	0	0	0	0
7PAMELA K MINCKS PHARMACIST	(i)	129,582	0	0	18,000	7,680	155,262	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL A KING FORMER CEO	(i)	22,027	0	272,254	0	6,089	300,370	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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

2015

Open to Public Inspection

Employer identification number

31-1524546

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 WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622VY7	06-30-2004	19,350,000	2004B SERIES - REFUND PRIOR ISSUANCES & FUND IMPROVEMENTS		X		X		X
B WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622A87	10-16-2009	24,600,000	2009 SERIES - REISSUANCE (9/13/2007)		X		X		X
C WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622D35	03-01-2011	23,555,712	2011B PURCHASE ASSETS OF ST JOSEPHS HOSPITAL		X		X		X
D WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622E26	08-01-2012	50,080,000	2012B SERIES - REFUND 2011A BOND		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,300,000		3,175,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	19,350,000		24,600,000		23,555,712		50,080,000	
4	Gross proceeds in reserve funds	1,618,092		1,643,134					
5	Capitalized interest from proceeds	1,167,255							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	95,902		979,089		435,854		80,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	11,468,751				14,935,920			
11	Other spent proceeds	5,000,000		21,978,242		8,183,938		50,000,000	
12	Other unspent proceeds								
13	Year of substantial completion	2008		2013		2012		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
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 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	UBS AG							
c	Term of hedge	2960 0000000000 %							
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	LEHMAN BROTHERS SPECIAL FINANCING							
c	Term of GIC	2960 0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	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
SCHEDULE K SUPPLEMENTAL INFORMATION	WEST VIRGINIA UNIVERSITY HOSPITALS, INC (WVUH), EIN 55-0643304, CITY HOSPITAL, INC DBA BERKELEY MEDICAL CENTER (BMC), EIN 55-0383321, THE CHARLES TOWN GENERAL HOSPITAL DBA JEFFERSON MEDICAL CENTER (JMC), EIN 55-0359755, UNIVERSITY HEALTHCARE FOUNDATION, INC EIN 31-1118075, AND CAMDEN-CLARK MEMORIAL HOSPITAL, INC (CCMH), EIN 31-1524546 ARE MEMBERS OF THE WEST VIRGINIA UNITED HEALTH SYSTEM OBLIGATED GROUP AND HAVE ISSUED TAX-EXEMPT BONDS AS THE WEST VIRGINIA UNITED HEALTH SYSTEM OBLIGATED GROUP. THESE BOND ISSUANCES ARE INTERNALLY ALLOCATED WITHIN THE WEST VIRGINIA UNITED HEALTH SYSTEM OBLIGATED GROUP TO THE MEMBER WHO WILL BE USING THE FUNDS

Return Reference	Explanation
SCHEDULE K, PART 1, 2009 BOND	THE TOTAL ISSUE PRICE REPORTED ON LINE 3 FOR THE 2009 BONDS OF \$24,600,000 VARIES FROM THE TOTAL OF LINES 4 THROUGH 12 BY \$465, IS DUE TO INTEREST INCOME IN THE DEBT RESERVE ACCOUNT

Return Reference	Explanation
SCHEDULE K, PART 1, 2013A BOND	THE TOTAL ISSUE PRICE REPORTED ON LINE 3 VARIES FROM THE TOTAL OF LINES 4 THROUGH 12 BY \$931,322, THE DIFFERENCE TO THE 2004 SERIES A BONDS THAT WERE DEFEASED VIA THE 2013 ISSUE THESE WERE FUNDS SITTING IN DEBT SERVICE, INTEREST, AND PROJECT ACCOUNTS AT THE TIME OF THE 2013 ISSUE AND WERE ROLLED INTO THE 2013A FUNDS

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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

2015

Open to Public Inspection

Employer identification number

31-1524546

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 WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622E91	10-03-2013	47,037,860	2013A SERIES - REFUND 2004A BONDS & FINANCE RENOVATIONS		X		X		X
B WV HOSPITAL FINANCE AUTHORITY	62-1256910	956622VY7	06-30-2004	57,900,000	2004C SERIES - REFUND PRIOR ISSUANCES & FUND IMPROVEMENTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,730,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	47,037,860		57,900,000					
4	Gross proceeds in reserve funds			4,854,274					
5	Capitalized interest from proceeds	5,335,549		3,343,149					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	411,600		286,963					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	11,946,624		32,615,614					
11	Other spent proceeds	12,146,948		16,800,000					
12	Other unspent proceeds	18,128,462							
13	Year of substantial completion			2008					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X				
b	Exception to rebate?		X	X					
c	No rebate due?		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					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			UBS AG					
c	Term of hedge			2960 0000000000 %					
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					
b	Name of provider			LEHMAN BROTHERS SPECIAL FINANCING					
c	Term of GIC			2960 0000000000 %					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6	Were any gross proceeds invested beyond an available temporary period?			X					
7	Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L
(Form 990 or 990-EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

Employer identification number
31-1524546

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
PARKERSBURG NEUROLOGICAL (1) ASSOCIATES	BUSINESS ENTITY OWNED, IN PART, BY BOARD MEMBER, DR MICHAEL MOREHEAD	56,817	REVENUE RECEIVED FROM PARKERSBURG NEUROLOGICAL ASSOCIATES FOR LEASE OF THE ORGANIZATION'S OFFICE SPACE		No
(2) DR JENNIFER LEAVITT	DR LEAVITT SERVES AS A MEMBER OF THE CCMH BOARD OF DIRECTORS	90,384	DR LEAVITT RECEIVED PAYMENT FOR OVERSEEING THE RESIDENT PROGRAM		No

Part V

Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL
CORPORATION**Employer identification number**

31-1524546

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 20B	THE ORGANIZATION MUST ATTACH A COPY OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS ATTACHED ARE THE CONSOLIDATED FINANCIAL STATEMENTS OF WEST VIRGINIA UNITED HEALTH SYSTEM, INC (WVUHS) AND CONTROLLED ENTITIES WVUHS BECAME THE SOLE MEMBER OF CAMDEN CLARK HEALTH SERVICES, INC , THE PARENT CORPORATION OF CAMDEN-CLARK MEMORIAL HOSPITAL ON MARCH 1, 2011 THE FINANCIAL POSITION, RESULTS OF OPERATIONS, AND CASH FLOWS OF CAMDEN-CLARK MEMORIAL HOSPITAL ARE INCLUDED IN THE AFOREMENTIONED CONSOLIDATED AUDITED FINANCIAL STATEMENTS
FORM 990, PART VI, SECTION A, LINE 6	CAMDEN-CLARK HEALTH SERVICES, INC , A NON-PROFIT, TAX-EXEMPT CORPORATION, IS THE SOLE MEMBER OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CAMDEN-CLARK HEALTH SERVICES INC , THE ORGANIZATION'S SOLE MEMBER, NOMINATES ALL BOARD MEMBERS OF THE ORGANIZATION BOARD MEMBERS ARE ELECTED BY WEST VIRGINIA HEALTH SYSTEM, (WVUHS) FROM THE CCHS NOMINATIONS
FORM 990, PART VI, SECTION A, LINE 7B	AS THE SOLE MEMBER OF CAMDEN CLARK HEALTH SERVICES, INC , WVUHS THROUGH ITS AFFILIATION AGREEMENT, HOLDS POWER TO APPROVE CERTAIN DECISIONS SUCH AS - ANNUAL BUDGET - CAPITAL EXPENDITURES OVER \$1 MILLION - NEW DEBT OVER \$1 MILLION - NEW PROGRAMS - EXTRAORDINARY FILINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF FINANCIAL OFFICER, DIRECTOR OF FINANCE, AND THE BOARD OF DIRECTORS REVIEW THE COMPLETED FORM PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	TO IDENTIFY AND MONITOR ANY CONFLICTS, A SIGNED CONFLICT OF INTEREST STATEMENT IS REQUIRED FROM BOARD MEMBERS OF THE ORGANIZATION AND KEY INDIVIDUALS THAT ARE IN A POSITION TO MAKE OR INFLUENCE DECISIONS IF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST IS OBSERVED OR DISCLOSED, THE ORGANIZATION INVOKES THE PROCEDURES SET OUT IN THE POLICY/BYLAWS FOR ADDRESSING THE CONFLICT OF INTEREST FOR KEY INDIVIDUALS (EMPLOYEES), A SPECIFIC CONFLICT OF INTEREST STANDARD IN THE ORGANIZATION'S CODE OF ETHICS AND BUSINESS CONDUCT ALSO EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION UTILIZES AN EXECUTIVE COMPENSATION CONSULTANT TO SURVEY DATA AND MAKE RECOMMENDATIONS THE COMPENSATION OF THE CEO IS DETERMINED BY USING AN INDEPENDENT COMPENSATION CONSULTANT, AS WELL AS A COMPENSATION SURVEY OR STUDY IT IS SUPPORTED BY A WRITTEN EMPLOYMENT CONTRACT WHICH IS THEN REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE AND THE WVUHS BOARD OF DIRECTORS COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON REQUEST AND ARE ALSO AVAILABLE ON THE WEST VIRGINIA HEALTHCARE AUTHORITY WEBSITE THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ANNUAL PENSION LIABILITY VALUATION ADJUSTMENT 1,755,564 TRANSFER TO RELATED ORGANIZATIONS - 34,380,454 ANNUAL ADJUSTMENT TO VALUATION OF INTEREST RATE SWAP LIABILITY -204,213 PASS-THROUGH INCOME FROM OVASC & HH 1,103,575

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
CAMDEN-CLARK MEMORIAL HOSPITAL
CORPORATION

Employer identification number

31-1524546

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
See Additional Data Table							

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) 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	
OHIO VALLEY AMBULATORY SURGERY (1) CENTER 608 WASHINGTON BLVD BELPRE, OH 45714 20-8671724	OUTPATIENT SURGICAL SERVICES	OH	CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION	RELATED				No			No	62 500 %

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
ALLIED HEALTH SERVICES (1) INC PO BOX 782 MORGANTOWN, WV 26507 55-0652017	MEDICAL LAB	WV	WV UNITED HEALTH SYSTEM	C					No
WEST VIRGINIA UNITED (2) INSURANCE SERVICES 3040 UNIVERSTITY AVENUE SUITE 3200 MORGANTOWN, WV 26505 55-0756055	PROVIDER NETWORK	WV	WV UNITED HEALTH SYSTEM	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	Yes	
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-1524546

Name: CAMDEN-CLARK MEMORIAL HOSPITAL CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
CAMDEN-CLARK HEALTH SERVICES INC 800 GARFIELD AVENUE PARKERSBURG, WV 26102 55-0769602	AIDS, STRENGTHENS, AND SUPPORTS CAMDEN-CLARK MEMORIAL HOSPITAL	WV	501(C)3	LINE 11A, I	WEST VIRGINIA UNITED HEALTH SYSTEM		No
CAMDEN-CLARK FOUNDATION 800 GARFIELD AVENUE PARKERSBURG, WV 26102 55-0667789	RAISE AND MANAGE FUNDS FOR CAMDEN- CLARK MEMORIAL HOSPITAL	WV	501(C)3	LINE 11A, I	CAMDEN CLARK HEALTH SERVICES		No
AUXILIARY OF CAMDEN-CLARK MEMORIAL HOSPITAL OF PARKERSBURG 800 GARFIELD AVENUE PARKERSBURG, WV 26102 55-0386283	PROMOTES ADVANCEMENT AND WELFARE OF CAMDEN- CLARK MEMORIAL HOSPITAL	WV	501(C)3	LINE 3	N/A		No
CAMDEN-CLARK PHYSICIAN CORPORATION 604 ANN STREET PARKERSBURG, WV 26102 26-4058719	FURNISHES FACILITIES AND SERVICES TO PROVIDE MEDICAL SERVICES	WV	501(C)3	LINE 11A, I	CAMDEN CLARK HEALTH SERVICES		No
WEST VIRGINIA UNITED HEALTH SYSTEM 3040 UNIVERSITY AVENUE MORGANTOWN, WV 26505 55-0175471	HEALTHCARE ACCESS	WV	501(C)3	LINE 11A, I	N/A		No
WEST VRGINIA UNIVERSITY HOSPITALS INC PO BOX 8034 MORGANTOWN, WV 26506 55-0643304	PATIENT CARE	WV	501(C)3	LINE 3	WEST VIRGINIA UNITED HEALTH SYSTEM		No
WEST VIRGINIA UNIVERSITY HOSPITALS EAST 2000 FOUNDATION WAY MARTINSBURG, WV 25401 20-2337985	HEALTHCARE ACCESS	WV	501(C)3	LINE 11A, I	WEST VIRGINIA UNIVERSITY HOSPITALS INC		No
CITY HOSPITAL INC 2000 FOUNDATION WAY MARTINSBURG, WV 25401 55-0383321	PATIENT CARE	WV	501(C)3	LINE 3	WEST VIRGINIA UNIVERSITY HOSPITALS EAST INC		No
JEFFERSON MEMORIAL HOSPITAL 2000 FOUNDATION WAY MARTINSBURG, WV 25401 55-0359755	PATIENT CARE	WV	501(C)3	LINE 3	WEST VIRGINIA UNIVERSITY HOSPITALS EAST INC		No
UNIVERSITY HEALTHCARE FOUNDATION 2000 FOUNDATION WAY MARTINSBURG, WV 25401 31-1118075	HOSPITAL SUPPORT	WV	501(C)3	LINE 11A, I	N/A		No
UNITED HOSPITAL CENTER INC 327 MEDICAL PARK DRIVE BRIDGEPORT, WV 26330 55-0525724	PATIENT CARE	WV	501(C)3	LINE 3	WEST VIRGINIA UNITED HEALTH SYSTEM		No
UNITED PHYSICIANS CARE INC 686 SOUTH PIKE STREET SHINNSTON, WV 26431 55-0638563	PATIENT CARE	WV	501(C)3	LINE 3	N/A		No
UNITED HOSPITAL FOUNDATION 327 MEDICAL PARK DRIVE BRIDGEPORT, WV 26330 55-0621706	HOSPITAL SUPPORT	WV	501(C)3	LINE 11A, I	N/A		No
WV HEALTHCARE CO-OP PO BOX 8059 MORGANTOWN, WV 26506 55-0650441	SUPPORT	WV	501(C)3	LINE 11A, I	WEST VIRGINIA UNITED HEALTH SYSTEM		No
UNITED SUMMIT CENTER 6 HOSPITAL PLAZA CLARKSBURG, WV 26301 55-0752788	BEHAVIORAL HEALTH	WV	501(C)3	LINE 3	N/A		No
POTOMAC VALLEY HOSPITAL INC 100 PIN OAK LANE KEYSER, WV 26726 55-0420956	PATIENT CARE	WV	501(C)3	LINE 3	WEST VIRGINIA UNIVERSITY HOSPITALS INC		No