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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

Charleston Area Medical Center, Inc.'s ("CAMC") primary charitable exempt purpose is to provide hospital care, without distinction, for all the inhabitants of the City of Charleston, State of West Virginia and elsewhere, to promote legitimate methods for the prevention of disease and positive promotion of health (both personal and public), and to foster and conduct education in medicine in all its branches and adjunct arts and sciences, such as nursing and technical occupations, which contribute to the diagnosis, treatment and prevention of disease

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

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

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

If "Yes," describe these changes on Schedule O

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

|           |                     |                          |                                  |                             |
|-----------|---------------------|--------------------------|----------------------------------|-----------------------------|
| <b>4a</b> | (Code )             | (Expenses \$ 699,682,077 | including grants of \$ 648,391 ) | (Revenue \$ 1,036,575,965 ) |
|           | See Additional Data |                          |                                  |                             |

|           |                     |                         |                                    |               |
|-----------|---------------------|-------------------------|------------------------------------|---------------|
| <b>4b</b> | (Code )             | (Expenses \$ 37,811,649 | including grants of \$ 1,011,942 ) | (Revenue \$ ) |
|           | See Additional Data |                         |                                    |               |

|           |                     |                         |                                  |                       |
|-----------|---------------------|-------------------------|----------------------------------|-----------------------|
| <b>4c</b> | (Code )             | (Expenses \$ 94,492,408 | including grants of \$ 152,941 ) | (Revenue \$ 665,157 ) |
|           | See Additional Data |                         |                                  |                       |

|           |  |                        |             |   |
|-----------|--|------------------------|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |                        |             |   |
|           | (Expenses \$                                     | including grants of \$ | (Revenue \$ | ) |

|           |   |             |
|-----------|---|-------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 831,986,134 |
|-----------|---|-------------|

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> 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  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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   | <b>4</b> Yes   |    |
| <b>5</b> 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   | <b>5</b>       | No |
| <b>6</b> 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  | <b>6</b>       | No |
| <b>7</b> 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  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <b>8</b>       | No |
| <b>9</b> 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             | <b>9</b> Yes   |    |
| <b>10</b> 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   | <b>10</b> Yes  |    |
| <b>11</b> 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   |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>11a</b> Yes |    |
| <b>b</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   | <b>11b</b>     | No |
| <b>c</b> 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   | <b>11c</b> Yes |    |
| <b>d</b> 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  | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>11e</b> Yes |    |
| <b>f</b> 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  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>12a</b>     | No |
| <b>b</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   | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</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 | <b>14b</b>     | No |
| <b>15</b> 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   | <b>15</b>      | No |
| <b>16</b> 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   | <b>16</b>      | No |
| <b>17</b> 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)  | <b>17</b>      | No |
| <b>18</b> 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   | <b>18</b>      | No |
| <b>19</b> 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   | <b>19</b>      | No |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes            | No |
|---|----------------|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <b>20b</b> Yes |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b> Yes  |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | <b>22</b> Yes  |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .   | <b>23</b> Yes  |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  | <b>24a</b> Yes |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b>     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> Yes |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b>     | No |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b>     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b>     | No |
| <b>26</b> 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     | <b>26</b>      | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | <b>27</b>      | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . | <b>28a</b>     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> Yes |    |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b>     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>29</b> Yes  |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>30</b>      | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   | <b>31</b>      | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>      | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>      | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .   | <b>34</b> Yes  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>      | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .  | <b>37</b>      | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | <b>38</b> 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 |
|------------|--|-------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .  | 663   |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .   | 0     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | Yes   |    |
| <b>2a</b>  | 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 . . . . .  | 8,738 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | Yes   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | Yes   |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | Yes   |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |       | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>▶</b> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |       |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |       | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |       | No |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |       |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |       | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |       |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |       |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |       | No |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |       |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |       | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | 7d    |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |       | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |       | No |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |       |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |       |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |       |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |       |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |       |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |       |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | 10a   |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10b   |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |       |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | 11a   |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .   | 11b   |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |       |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | 12b   |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |       |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |       |    |
| <b>b</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   |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .   | 13c   |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |       | No |
| <b>b</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  |
|--|---|-----|-----|
| <b>1a</b>  | Enter the number of voting members of the governing body at the end of the tax year   | 17  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |   |     |     |
| <b>b</b>   | Enter the number of voting members included in line 1a, above, who are independent  | 13  |     |
| <b>2</b>   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | No  |
| <b>3</b>   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | No  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | No  |
| <b>6</b>   | Did the organization have members or stockholders?  | 6   | Yes |
| <b>7a</b>  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a  | Yes |
| <b>b</b>   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b  | Yes |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |     |
| <b>a</b>   | The governing body?   | 8a  | Yes |
| <b>b</b>   | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes |
| <b>9</b>   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: WV

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ 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.  
 ► Jeff Sandene 501 Morris Street Charleston, WV 25301 (304) 388-7603

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

**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

[illegible]



[illegible]

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 ▶ 535

## Section B. Independent Contractors

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| WVU Physicians of Charleston<br><br>3110 MacCorkle Ave SE<br>Charleston, WV 25304      | GME/Physician Services         | 21,122,103          |
| Cerner Corporation<br><br>PO Box 959156<br>Saint Louis, MO 631959156                   | IT Service and Support         | 13,254,643          |
| BBL Carlton LLC<br><br>600 Kanawha Blvd Suite 200<br>Charleston, WV 25301              | Contractor Services            | 10,755,667          |
| Jackson Nurse Professionals<br><br>PO Box 404118<br>Atlanta, GA 30384                  | Nursing Services               | 9,854,611           |
| Charleston Area Radiation Therapy<br><br>100 Bayview Circle<br>Newport Beach, CA 92660 | Radiation Therapy              | 9,568,025           |

|   |  |
|---|--|
| <p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 72</p> |  |
|---|--|

**Part VIII** **Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|--|--|----------------------|--|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts                     | <b>1a</b> Federated campaigns . . .  | <b>1a</b>  |                      |  |   |  |
|   | <b>b</b> Membership dues . . .   | <b>1b</b>  |                      |  |   |  |
|   | <b>c</b> Fundraising events . . .  | <b>1c</b>  |                      |  |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>  | 2,524,660            |  |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  | 76,860               |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above  | <b>1f</b>  | 591,614              |  |   |  |
|   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ <u>591,614</u>  |  |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |  | 3,193,134            |  |   |  |
| Program Service Revenue   |  |  | Business Code        |  |   |  |
|   | <b>2a</b> Net Patient Revenue  |  | 621990               | 986,725,410  | 986,725,410                             |  |
|   | <b>b</b> Pharmacy  |  | 446110               | 18,896,305   |   | 237,526  |
|   | <b>c</b> Lab Services  |  | 621500               | 7,996,770  | 66,133                                  | 7,930,637  |
|   | <b>d</b> Cafeteria/Vending   |  | 721000               | 7,251,544  |   |  |
|   | <b>e</b> Rental (Non Residential)  |  | 531120               | 5,689,019  | 954,266                                 |  |
|   | <b>f</b> All other program service revenue   |  |                      | 8,569,039  | 6,519,987                               | 44,653   |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |  | 1,035,128,087        |  |   |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .   |  | 5,012,345            |  | 223,850                                 | 4,788,495  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |  | -319,681             |  |   | -319,681   |
|   | <b>5</b> Royalties . . . . .   |  |                      |  |   |  |
|   | <b>6a</b> Gross rents  | (i) Real   | (ii) Personal        |  |   |  |
|   |  |  |                      |  |   |  |
|   |  | <b>b</b> Less rental expenses                              |                      |  |   |  |
|   |  |  |                      |  |   |  |
|   | <b>c</b> Rental income or<br>(loss)  |  |                      |  |   |  |
|   |  |  |                      |  |   |  |
|   |  | <b>d</b> Net rental income or (loss) . . . . .             |                      |  |   |  |
|   |  |  |                      |  |   |  |
|   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities   |                      | (ii) Other   |   |  |
|   |  | 405,846,906  |                      |  |   |  |
|   |  | <b>b</b> Less cost or<br>other basis and<br>sales expenses |                      | 406,193,977  |   |  |
|   |  | <b>c</b> Gain or (loss)                                    |                      | -347,071   |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |  | -347,071             |  |   | -347,071   |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |  | <b>a</b>             |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  |  | <b>b</b>             |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .  |  |                      |  |   |  |
|   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  |  | <b>a</b>             |  |   |  |
| <b>b</b> Less direct expenses . . . . .                                       |  | <b>b</b>   |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |  |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . |  | <b>a</b>   |                      |  |   |  |
| <b>b</b> Less cost of goods sold . . . . .                                    |  | <b>b</b>   |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  |  |                      |  |   |  |
| Miscellaneous Revenue   |  | Business Code  |                      |  |   |  |
| <b>11a</b> Laundry  |  | 812300   | 1,088,602            | 1,088,602  |   |  |
| <b>b</b> Medical Center Inn   |  | 721110   | 362,395              | 362,395  |   |  |
| <b>c</b> Management fees  |  | 541610   | 345,843              | 345,843  |   |  |
| <b>d</b> All other revenue . . . . .  |  |  | 92,345               | 92,345   |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  | 1,889,185  |                      |  |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                           |  | 1,044,555,999  |                      | 996,378,831  | 8,212,816                               | 36,771,218   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 1,359,332             | 1,359,332                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 453,942               | 453,942                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 13,607,453            |                                 | 13,607,453                             |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 721,139               | 338,098                         | 383,041                                |                             |
| <b>7</b> Other salaries and wages.  | 383,466,971           | 330,894,038                     | 52,572,933                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 12,952,646            | 10,811,384                      | 2,141,262                              |                             |
| <b>9</b> Other employee benefits.   | 62,235,093            | 52,118,974                      | 10,116,119                             |                             |
| <b>10</b> Payroll taxes.  | 26,739,197            | 21,755,198                      | 4,983,999                              |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 18,688,725            | 12,851,520                      | 5,837,205                              |                             |
| <b>b</b> Legal.   | 2,757,852             |                                 | 2,757,852                              |                             |
| <b>c</b> Accounting.  | 606,232               |                                 | 606,232                                |                             |
| <b>d</b> Lobbying.  | 97,217                |                                 | 97,217                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  | 1,231,504             |                                 | 1,231,504                              |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 99,208,661            | 71,005,195                      | 28,203,466                             |                             |
| <b>12</b> Advertising and promotion.  | 1,846,962             | 407,700                         | 1,439,262                              |                             |
| <b>13</b> Office expenses.  | 9,528,819             | 5,775,039                       | 3,753,780                              |                             |
| <b>14</b> Information technology.   | 12,046,965            | 1,261,416                       | 10,785,549                             |                             |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 19,972,191            | 13,158,336                      | 6,813,855                              |                             |
| <b>17</b> Travel.   | 5,002,753             | 1,508,073                       | 3,494,680                              |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 64,289                | 22,666                          | 41,623                                 |                             |
| <b>20</b> Interest.   | 15,157,767            |                                 | 15,157,767                             |                             |
| <b>21</b> Payments to affiliates.   | 9,894,097             | 9,894,097                       |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 39,644,985            | 22,368,493                      | 17,276,492                             |                             |
| <b>23</b> Insurance.  | 11,808,535            | 1,062,405                       | 10,746,130                             |                             |
| <b>24</b> 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):                                       |                       |                                 |  |                             |
| <b>a</b> Medical Supplies.  | 212,329,157           | 211,982,589                     | 346,568                                |                             |
| <b>b</b> Provision for Uncollect.   | 30,419,825            | 30,419,825                      |  |                             |
| <b>c</b> Provider tax.  | 25,821,415            | 25,821,415                      |  |                             |
| <b>d</b> Sales & Use Tax.   | 10,541,089            |                                 | 10,541,089                             |                             |
| <b>e</b> All other expenses.  | 33,835,557            | 6,716,399                       | 27,119,158                             |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 1,062,040,370         | 831,986,134                     | 230,054,236                            | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

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

|                                    |  |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--|---|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .   | 42,926                   | <b>1</b>    | 40,125             |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .  | 214,137,333              | <b>2</b>    | 106,404,470        |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .  |                          | <b>3</b>    |                    |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .  | 148,851,462              | <b>4</b>    | 228,012,778        |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | <b>5</b>    |                    |
|                                    | <b>6</b>   | 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 |                          | <b>6</b>    |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .   | 4,166                    | <b>7</b>    | 3,179              |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .   | 20,651,924               | <b>8</b>    | 24,057,570         |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .   | 3,641,809                | <b>9</b>    | 2,889,713          |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 1,051,523,299            |             |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation  | 670,343,643              |             |                    |
|                                    |  |   | 379,377,274              | <b>10c</b>  | 381,179,656        |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .  |                          | <b>11</b>   |                    |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .  | 29,383,029               | <b>12</b>   | 21,309,119         |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .   | 88,840,745               | <b>13</b>   | 90,869,961         |
|                                    | <b>14</b>  | Intangible assets . . . . .   | 8,559,296                | <b>14</b>   | 35,523,541         |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   | 90,749,682  | <b>15</b>                | 83,802,535  |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 984,239,646   | <b>16</b>                | 974,092,647 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .   | 140,545,421              | <b>17</b>   | 152,416,242        |
|                                    | <b>18</b>  | Grants payable . . . . .  |                          | <b>18</b>   |                    |
|                                    | <b>19</b>  | Deferred revenue . . . . .  | 11,291,758               | <b>19</b>   | 13,425,150         |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .   | 301,173,311              | <b>20</b>   | 288,956,234        |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D   | 15,856                   | <b>21</b>   | 12,742             |
|                                    | <b>22</b>  | 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 . . . . .  |                          | <b>22</b>   |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .  | 87,482,112               | <b>23</b>   | 84,178,831         |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .  | 8,952,183                | <b>24</b>   | 7,522,653          |
|                                    | <b>25</b>  | 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   | 55,830,969               | <b>25</b>   | 52,722,700         |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 605,291,610              | <b>26</b>   | 599,234,552        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |                          |             |                    |
|                                    | <b>27</b>  | Unrestricted net assets   | 341,011,553              | <b>27</b>   | 333,815,832        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .   | 25,826,606               | <b>28</b>   | 28,638,365         |
|                                    | <b>29</b>  | Permanently restricted net assets   | 12,109,877               | <b>29</b>   | 12,403,898         |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |                          |             |                    |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
|                                    | <b>33</b>  | <b>Total net assets or fund balances . . . . .</b>  | 378,948,036              | <b>33</b>   | 374,858,095        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances . . . . .</b>  | 984,239,646   | <b>34</b>                | 974,092,647 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |   |           |               |
|-----------|---|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,044,555,999 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,062,040,370 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -17,484,371   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 378,948,036   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 11,636,094    |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |               |
| <b>7</b>  | Investment expenses   | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 1,758,336     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 374,858,095   |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | Yes |    |
| <b>3a</b> 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>b</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:** 55-0526150  
**Name:** Charleston Area Medical Center Inc

Form 990 (2016)

**Form 990, Part III, Line 4a:**

CAMC is West Virginia's largest medical center with over 7,042 employees and 553 medical staff. CAMC is licensed for 956 beds at four campuses and our health care services delivery focuses on providing a full range of inpatient and outpatient services as a tertiary regional referral center, teaching and safety net hospital. As a regional referral center, CAMC has one of only two state Level 1 Trauma Centers, a Level III Neonatal ICU, a Pediatric ICU, a DNV-Certified Primary Stroke Center, and a Bariatric Center of Excellence. CAMC is the primary medical safety net provider of women and children's and trauma services in central and southern West Virginia and provides 20% of the charity care in the state. There were inpatient days of 180,371, outpatient visits of 675,036, emergency department visits of 101,530 and deliveries of 2,701 in 2016. CAMC gives back to the community because we understand the impact that high quality medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people.

### **Form 990, Part III, Line 4b:**

CAMC has established medical and allied health education excellence as a core competency. Provision and support for education include training for interns and residents, nurses, anesthesiologists and other personnel. 132 WVU/WVSOM medical students trained at CAMC hospitals and 172 medical residents were employed by CAMC. CAMC provided faculty support to the University of Charleston and Bridgeview Community and Technical College helping educate pharmacy students, nursing students and physician assistance program. CAMC assisted 49 employees through student loan forgiveness, and distributed 374 scholarships.

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### **Form 990, Part III, Line 4c:**

CAMC does much more than just provide health care, being involved in nearly every aspect of the lives and well being of the community. CAMC offered 95 programs which served an estimated 102,165 people. CAMC provided acute inpatient and outpatient hospital services including unreimbursed charity care at cost of \$18,895,221. Creative, state-of-the-art programs and services are provided to our community to serve our community - particularly the needs of the low income, elderly and other vulnerable persons. Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit criteria: 1) Improves access to health care services, 2) Enhances health of the community, 3) Advances medical or health care knowledge, 4) Relieves or reduces the burden of government or other community efforts.

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| David L Ramsey<br>.....<br>President, CEO & Trustee | 50 00<br>.....<br>6 50   | X   |                       | X       |              |                              |        | 1,145,249   | 0  | 458,285   |
| John R Hoblitzell Esq<br>.....<br>Chairman          | 2 50<br>.....<br>5 00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| William Rice Jr<br>.....<br>Vice Chairman           | 3 00<br>.....<br>3 50  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| Gina R Busch MD<br>.....<br>Trustee                 | 2 50<br>.....<br>2 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Charles L Capito Jr<br>.....<br>Trustee             | 2 50<br>.....<br>2 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Mark A Chandler<br>.....<br>Trustee                 | 2 50<br>.....<br>2 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Fonda Elliot<br>.....<br>Trustee                    | 2 50<br>.....<br>2 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| John L Goad MD<br>.....<br>Trustee                  | 50 00<br>.....<br>3 00   | X   |                       |         |              |                              |        | 727,697   | 0  | 29,766  |
| James P Griffith MD<br>.....<br>Trustee             | 2 50<br>.....<br>2 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Samuel Shawn Groves MD<br>.....<br>Trustee          | 50 00<br>.....<br>2 50   | X   |                       |         |              |                              |        | 523,014   | 0  | 40,421  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Melvin Jones<br>.....<br>Trustee  | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Brenda J Powell<br>.....<br>Trustee   | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Linda J Powers<br>.....<br>Trustee  | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Karen S Price<br>.....<br>Trustee   | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Steven L Smith<br>.....<br>Trustee  | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Kenneth L Tackett<br>.....<br>Trustee   | 2 50<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Edwin H Welch Ph D<br>.....<br>Trustee  | 2 50<br>.....<br>3 50  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Robert D Whitler<br>.....<br>VP Gov't & Comm Affairs  | 50 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 242,905   | 0  | 33,046  |
| Ronald E Moore<br>.....<br>VP Prof Prac & CNO   | 50 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 2,124,147   | 0  | 41,518  |
| Kristi Snyder<br>.....<br>VP Human Resources  | 50 00<br>.....<br>6 00   |   |                       | X       |              |                              |        | 323,432   | 0  | 167,182   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |  |   |                       |         |              |                              |        |   |  |   |
|---|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   |  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Angela Fenton Hill<br>.....<br>Secretary & Gen Counsel (start 7/16)   |  | 50 00<br>.....<br>6 00   |   |                       | X       |              |                              |        | 278,753   | 0  | 33,144  |
| Dale R Wood<br>.....<br>VP System Improv & CQO  |  | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 827,770   | 0  | 147,368   |
| Larry C Hudson<br>.....<br>Executive VP & CFO   |  | 50 00<br>.....<br>10 00  |   |                       | X       |              |                              |        | 664,729   | 0  | 21,508  |
| Thomas P McIlwain MD<br>.....<br>VP Med Affairs and CMO   |  | 50 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 591,858   | 0  | 69,890  |
| Jeffrey L Oskin<br>.....<br>VP Administrator  |  | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 426,102   | 0  | 146,243   |
| Jeffrey H Goode<br>.....<br>VP Ambulatory Services  |  | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 378,180   | 0  | 190,169   |
| S Andrew Weber<br>.....<br>VP Administrator   |  | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 312,089   | 0  | 157,183   |
| Eileen Clark<br>.....<br>VP Info Svc & CIO (start 2/16)   |  | 50 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 299,823   | 0  | 49,335  |
| Stephen Z Bell<br>.....<br>VP Finance   |  | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 308,290   | 0  | 57,704  |
| Robert B Danielson<br>.....<br>VP Compliance  |  | 50 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 228,927   | 0  | 91,904  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Glenn Crotty Jr MD<br>.....<br>Executive VP & COO   | 50 00<br>.....<br>6 00   |   |                       | X       |              |                              |        | 720,974   | 0  | 59,263  |
| Marshall A McMullen Jr<br>.....<br>Secretary & Gen Counsel (end 7/16)   | 51 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 503,397   | 0  | 48,201  |
| Michael D Williams<br>.....<br>VP Administrator   | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 385,151   | 0  | 271,787   |
| Randall H Hodges<br>.....<br>VP Administrator   | 50 00<br>.....<br>0 00   |   |                       | X       |              |                              |        | 313,976   | 0  | 34,563  |
| Rocky Blake<br>.....<br>Interim VP Info Svc & CIO (end 2/16)  | 50 00<br>.....<br>5 00   |   |                       | X       |              |                              |        | 255,855   | 0  | 33,062  |
| John Deel MD<br>.....<br>Physician  | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,173,823   | 0  | 41,021  |
| Robert B Shin MD<br>.....<br>Physician  | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,108,027   | 0  | 11,567  |
| Nathan Kister MD<br>.....<br>Physician  | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,067,002   | 0  | 47,284  |
| Samuel C Rossi MD<br>.....<br>Physician   | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 945,269   | 0  | 31,404  |
| James Cox MD<br>.....<br>Physician  | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 913,434   | 0  | 41,307  |

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Gregory M Veltri<br>.....<br>Former VP Info Svc & CIO | 0 00<br>.....<br>0 00  |   |                       |         |              |                              | X      | 285,600   | 0  | 20,203  |

|  |  |   |
|--|--|---|
| <b>SCHEDULE A</b><br>(Form 990 or 990-EZ)  | <b>Public Charity Status and Public Support</b><br>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>Charleston Area Medical Center Inc |  | Employer identification number<br>55-0526150                        |

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 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 )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s) \_\_\_\_\_

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

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, 8, or 9 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<br>(or fiscal year beginning in) ► |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 1  | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")  |         |         |         |         |         |          |
| 2  | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| 3  | The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| 4  | <b>Total.</b> 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  | <b>Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

| Section B. Total Support                         |  |         |         |         |         |           |          |
|--|--|---------|---------|---------|---------|-----------|----------|
| Calendar year<br>(or fiscal year beginning in) ► |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (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   | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| 12   | Gross receipts from related activities, etc. (see instructions)  |         |         |         |         | <b>12</b> |          |
| 13   | <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

| Section C. Computation of Public Support Percentage |  |    |
|---|--|----|
| 14  | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))   | 14 |
| 15  | Public support percentage for 2015 Schedule A, Part II, line 14  | 15 |
| 16a   | <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>   |    |
| b   | <b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>  |    |
| 17a   | <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>      |    |
| b   | <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span> |    |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>  |    |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13 Total support.</b> (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**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes        | No |
|---|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   |    |
| <b>3a</b> 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>3a</b>  |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>   | <b>3b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  | <b>4a</b>  |    |
| <b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> 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>   | <b>4c</b>  |    |
| <b>5a</b> 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 <b>Part VI</b>, 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>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  | <b>7</b>   |    |
| <b>8</b> 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 I of Schedule L (Form 990 or 990-EZ).</i>   | <b>8</b>   |    |
| <b>9a</b> 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 <b>Part VI</b>.</i>  | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   | <b>10a</b> |    |
| <b>b</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>  | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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>   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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>2a</b>   |  |  |
| <b>b</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>  |  |  |
| <b>2b</b>   |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  |  |  |
| <b>3a</b>   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |
| <b>3b</b>   |  |  |

**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<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b> 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) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . . .   |                             |  |   |
| c Excess from 2014. . . . .   |                             |  |   |
| d Excess from 2015. . . . .   |                             |  |   |
| e Excess from 2016. . . . .   |                             |  |   |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

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<br>Charleston Area Medical Center Inc | Employer identification number<br>55-0526150 |
|--|--|

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

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

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

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

|           |  | (a) |    | (b)     |
|-----------|--|-----|----|---------|
|           |  | Yes | No | Amount  |
| <b>1</b>  | 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 |     |    |         |
| <b>a</b>  | Volunteers?  |     | No |         |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |         |
| <b>c</b>  | Media advertisements?  |     | No |         |
| <b>d</b>  | Mailings to members, legislators, or the public?   | Yes |    | 4,411   |
| <b>e</b>  | Publications, or published or broadcast statements?  |     | No |         |
| <b>f</b>  | Grants to other organizations for lobbying purposes?   |     | No |         |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 101,523 |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |         |
| <b>i</b>  | Other activities?  | Yes |    | 62,920  |
| <b>j</b>  | Total. Add lines 1c through 1i   |     |    | 168,854 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |         |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

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

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

**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."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> | Current year   | <b>2a</b> |  |
| <b>b</b> | Carryover from last year   | <b>2b</b> |  |
| <b>c</b> | Total  | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> | 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? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

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

| Return Reference  | Explanation  |
|-------------------|--|
| Part II-B, Line 1 | Occasionally, individuals are asked by legislators at both the state and national levels for opinions on certain issues and the process of health-related legislation. At such time, CAMC representatives may hold discussions with legislative officials to present their information and perspectives regarding various health care issues. Such interactions do not typically involve CAMC expressing whether or not they support a particular bill, but rather consist of general discussions related to the pertinent health issues. CAMC is a member of the West Virginia Hospital Association, Association of American Medical Colleges, and Safety Net Hospitals for Pharmaceutical Access. A percentage of the membership dues paid are related to lobbying activities. |



|  |  |  |               |  |  |
|--|--|--|---------------|--|--|
| efile GRAPHIC print - DO NOT PROCESS   |  | As Filed Data -  |               | DLN: 93493319001277                          |  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>  |  | <div>Supplemental Financial Statements</div> <div>► 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.<br/>► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |               |  | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>Charleston Area Medical Center Inc   |  |  |               | Employer identification number<br>55-0526150 |  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>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?   |  |               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 6  | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  |  |               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  |  |  |               |  |  |
| 1  | Purpose(s) of conservation easements held by the organization (check all that apply)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |               |  |  |
| 2  | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   |  |               |  |  |
| a  | Total number of conservation easements   | Held at the End of the Year  |               |  |  |
| b  | Total acreage restricted by conservation easements   | 2a   |               |  |  |
| c  | Number of conservation easements on a certified historic structure included in (a)   | 2b   |               |  |  |
| d  | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   | 2c   |               |  |  |
|  |  | 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?   |  |               |  | <input type="checkbox"/> Yes <input type="checkbox"/> 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)?  |  |               |  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.<br>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  |  |               |  | ► \$   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.   |  |  |               |  |  |
|  |  |  | Cat No 52283D | Schedule D (Form 990) 2016                   |  |

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

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

|  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 37,936,483      | 36,907,460    | 36,316,561        | 31,115,133          | 27,674,365         |
| b Contributions                                  | 664,817         | 15,881,552    | 817,450           | 747,434             | 751,017            |
| c Net investment earnings, gains, and losses     | 3,046,608       | -1,263,368    | 1,272,837         | 5,250,714           | 3,451,658          |
| d Grants or scholarships                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs | 605,645         | 12,972,453    | 1,496,226         | 793,950             | 758,744            |
| f Administrative expenses                        |                 | 616,708       | 3,162             | 2,770               | 3,163              |
| g End of year balance                            | 41,042,263      | 37,936,483    | 36,907,460        | 36,316,561          | 31,115,133         |

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

30 000 %

c

Temporarily restricted endowment

70 000 %

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

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 28,573,062                      |                              | 28,573,062     |
| b Buildings   |                                      | 478,966,161                     | 243,373,582                  | 235,592,579    |
| c Leasehold improvements  |                                      | 11,543,284                      | 8,392,182                    | 3,151,102      |
| d Equipment   |                                      | 496,630,611                     | 409,504,311                  | 87,126,300     |
| e Other   |                                      | 35,810,181                      | 9,073,568                    | 26,736,613     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 381,179,656    |

Part VII

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

| (a) Description of security or category<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|-------------------|---|
| (1) Derivatives . . . . .   |                   |   |
| (2) Closely-held equity interests . . . . .                             |                   |   |
| (3) Other _____   |                   |   |
| (A)   |                   |   |
| (B)   |                   |   |
| (C)   |                   |   |
| (D)   |                   |   |
| (E)   |                   |   |
| (F)   |                   |   |
| (G)   |                   |   |
| (H)   |                   |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                   |   |

Part VIII

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

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Malpractice Fund  | 42,384,527     | F   |
| (2) Malpractice Fund  | 2,747,830      | C   |
| (3) Recruitment/Student Loan  | 2,529,942      | C   |
| (4) Workers Comp Self Insured Fund                                  | 192,106        | F   |
| (5) Investments Other   | 6,603,166      | C   |
| (6) 2013 Note Project Fund  | 36,412,390     | F   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ | 90,869,961     |   |

Part IX

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Interest in Net Assets-CAMC Foundation                                    | 41,042,263     |
| (2) Bond Debt Reserve Fund  | 12,493,282     |
| (3) Bond Collateral   | 13,480,000     |
| (4) Other Investments   | 446,276        |
| (5) Affiliate Receivable-Foundation   | 1,786,682      |
| (6) Affiliate Receivable-CHERI  | 384,581        |
| (7) Affiliate Receivable-Integrated   | 976,447        |
| (8) Derivative Asset Value  | 4,304,565      |
| (9) Trustee Funds   | 8,888,439      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ | 83,802,535     |

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| Estimated Malpractice Claims  | 22,692,680     |
| Estimated Workers Compensation Claims                               | 1,670,700      |
| Affiliate Payable-Foundation  | 49,332         |
| Affiliate Payable-CHERI   | 1,494,917      |
| Affiliate Payable-IHCPI   | 194,683        |
| Settlements Due to 3rd Parties                                      | 10,275,784     |
| Estimated Retiree Health  | 2,236,913      |
| Umbrella Trust and SERP   | 14,107,691     |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 52,722,700     |

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

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

**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.

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

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII**   **Supplemental Information** *(continued)*

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

**Additional Data**

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

**Form 990, Schedule D, Part IX, - Other Assets**

| (a) Description                            | (b) Book value |
|--|----------------|
| (1) Interest in Net Assets-CAMC Foundation | 41,042,263     |
| (2) Bond Debt Reserve Fund                 | 12,493,282     |
| (3) Bond Collateral                        | 13,480,000     |
| (4) Other Investments                      | 446,276        |
| (5) Affiliate Receivable-Foundation        | 1,786,682      |
| (6) Affiliate Receivable-CHERI             | 384,581        |
| (7) Affiliate Receivable-Integrated        | 976,447        |
| (8) Derivative Asset Value                 | 4,304,565      |
| (9) Trustee Funds                          | 8,888,439      |

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

| 1 (a) Description of Liability        | (b) Book Value |
|---------------------------------------|----------------|
| Estimated Malpractice Claims          | 22,692,680     |
| Estimated Workers Compensation Claims | 1,670,700      |
| Affiliate Payable-Foundation          | 49,332         |
| Affiliate Payable-CHERI               | 1,494,917      |
| Affiliate Payable-IHCPI               | 194,683        |
| Settlements Due to 3rd Parties        | 10,275,784     |
| Estimated Retiree Health              | 2,236,913      |
| Umbrella Trust and SERP               | 14,107,691     |

# Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| Part IV, Line 2b | CAMC operates HealthCare Financial Services, which provides collections services to outside clients. Payments that are not recovered by the collection department include both the commission portion and the amount due to the outside client. The amount listing in Part X Line 21 reflects the amount CAMC needs transmitted to the client. |

| Supplemental Information |  |
|--------------------------|--|
| Return Reference         | Explanation                                |
| Part V, Line 4           | To further the mission of the organization |



## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| Part X, Line 2   | CAMC's financial statements are audited as part of the financial statements of CAMC Health System, Inc and Subsidiaries (collectively, the "System") Language regarding ASC 740 (F IN 48) included in the consolidated footnotes is as follows "The IRS has determined that CAMC, the Foundation, and the Institute are exempt from income taxes under Section 501 (c) (3) of the Code and applicable state statutes The System does not have any material uncertain tax positions as of December 31, 2016 " |

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I Financial Assistance and Certain Other Community Benefits at Cost

|    |  |     |    |
|----|--|-----|----|
|    |  | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a  | Yes |    |
| 1b | If "Yes," was it a written policy?   | 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<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |    |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  |     |    |
| 3a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   | Yes |    |
| 3b | Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                                | Yes |    |
| 4  | Did the organization use 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  | Yes |    |
| 5a | 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"?   | Yes |    |
| 5b | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | Yes |    |
| 5c | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   |     | No |
| 6a | 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?   | Yes |    |
| 6b | Did the organization prepare a community benefit report during the tax year?   | Yes |    |
|    | If "Yes," did the organization make it available to the public?  |     |    |
|    | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H   |     |    |

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)   |   |                               | 18,895,221                          |                               | 18,895,221                        | 1 830 %                      |
| b Medicaid (from Worksheet 3, column a)   |   |                               | 247,597,763                         | 142,072,000                   | 105,525,763                       | 10 230 %                     |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               | 1,372,427                           | 721,387                       | 651,040                           | 0 060 %                      |
| d Total Financial Assistance and Means-Tested Government Programs                           |   |                               | 267,865,411                         | 142,793,387                   | 125,072,024                       | 12 120 %                     |
| Other Benefits  |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 2,550,427                           | 196,459                       | 2,353,968                         | 0 230 %                      |
| f Health professions education (from Worksheet 5)   |   |                               | 42,471,918                          | 7,188,547                     | 35,283,371                        | 3 420 %                      |
| g Subsidized health services (from Worksheet 6)   |   |                               | 746,717                             | 693,927                       | 52,790                            | 0 010 %                      |
| h Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 454,038                             |                               | 454,038                           | 0 040 %                      |
| j Total. Other Benefits   |   |                               | 46,223,100                          | 8,078,933                     | 38,144,167                        | 3 700 %                      |
| k Total. Add lines 7d and 7j  |   |                               | 314,088,511                         | 150,872,320                   | 163,216,191                       | 15 820 %                     |

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

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               | 1,100                                |                               | 1,100                              | 0 %                          |
| <b>3</b> Community support   |   |                               | 165,922                              |                               | 165,922                            | 0 020 %                      |
| <b>4</b> Environmental improvements                                |   |                               | 7,360                                |                               | 7,360                              | 0 %                          |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |   |                               | 42,427                               |                               | 42,427                             | 0 %                          |
| <b>9</b> Other   |   |                               | 122,204                              | 49,869                        | 72,335                             | 0 010 %                      |
| <b>10 Total</b>  |   |                               | 339,013                              | 49,869                        | 289,144                            | 0 030 %                      |

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

**Section A. Bad Debt Expense**

|  |          | Yes        | No |
|--|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | <b>1</b> |            | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   | <b>2</b> | 30,595,748 |    |
| <b>3</b> 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. | <b>3</b> | 0          |    |
| <b>4</b> 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**

|   |          |              |
|---|----------|--------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).  | <b>5</b> | 273,181,668  |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.   | <b>6</b> | 416,967,944  |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).   | <b>7</b> | -143,786,276 |
| <b>8</b> 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:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |          |              |

**Section C. Collection Practices**

|   |           |     |  |
|---|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?   | <b>9a</b> | Yes |  |
| <b>b</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. | <b>9b</b> | Yes |  |

**Part IV Management Companies and Joint Ventures**

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

| (a) Name of entity  | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| <b>1</b> General Division Medical Office Bldg Partnership | Medical Office Space Rental                   | 81 930 %   |  | 18 070 %                                      |
| <b>2</b> Charleston Area Radiation Therapy Centers LLC    | Radiation Therapy                             | 20 000 %   |  | 30 000 %                                      |
| <b>3</b>  |   |  |  |   |
| <b>4</b>  |   |  |  |   |
| <b>5</b>  |   |  |  |   |
| <b>6</b>  |   |  |  |   |
| <b>7</b>  |   |  |  |   |
| <b>8</b>  |   |  |  |   |
| <b>9</b>  |   |  |  |   |
| <b>10</b>   |   |  |  |   |
| <b>11</b>   |   |  |  |   |
| <b>12</b>   |   |  |  |   |
| <b>13</b>   |   |  |  |   |

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**4**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

|  |  | Yes        | No  |
|--|--|------------|-----|
| <b>Community Health Needs Assessment</b> |  |            |     |
| <b>1</b>                                 | 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b>                                 | 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 . . . . .  | <b>2</b>   | No  |
| <b>3</b>                                 | 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b>                                 | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |            |     |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>   |            |     |
| <b>5</b>                                 | 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 . . . . . | <b>5</b>   | Yes |
| <b>6 a</b>                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  | <b>6b</b>  | Yes |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www camc org/documents/community/2014/CBRG-Plan-2014-2016 pdf</u>  |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Other website (list url) <u>www healthykanawha org</u>   |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>8</b>                                 | 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 . . . . .  | <b>8</b>   | Yes |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>   |            |     |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>www camc org/documents/community/2014/CBRG-Plan-2014-2016</u>  | <b>10</b>  | Yes |
| <b>a</b>                                 |  |            |     |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b>                                | 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  |            |     |
| <b>12a</b>                               | 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b>                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|   | Yes           | No |
|---|---------------|----|
| <p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br/>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000<br/>% and FPG family income limit for eligibility for discounted care of 300 000000000000 %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input type="checkbox"/> Medical indigency</p> <p><b>e</b> <input type="checkbox"/> Insurance status</p> <p><b>f</b> <input type="checkbox"/> Underinsurance discount</p> <p><b>g</b> <input type="checkbox"/> Residency</p> <p><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>   | <b>13</b> Yes |    |
| <p><b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .</p> <p><b>15</b> Explained the method for applying for financial assistance? . . . . .<br/>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)</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>   | <b>14</b> Yes |    |
| <p><b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .<br/>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br/><u>http://www.camc.org/charity-uninsured-plan</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br/><u>www.camc.org/charity-uninsured-plan</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br/><u>www.camc.org/charity-uninsured-plan</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p> | <b>15</b> Yes |    |
|   | <b>16</b> Yes |    |

**Part V Facility Information** (continued)**Billing and Collections**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>17</b> 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? . . . . .  | <b>17</b> | Yes |    |
| <b>18</b> 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   |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |           |     |    |
| <b>19</b> 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? . . . . .   | <b>19</b> |     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged   |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |           |     |    |
| <b>20</b> 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)  |           |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |           |     |    |

**Policy Relating to Emergency Medical Care**

|  |           |     |  |
|--|-----------|-----|--|
| <b>21</b> 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? . . . . .  | <b>21</b> | Yes |  |
| If "No," indicate why  |           |     |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |           |     |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

|  |  | Yes        | No  |
|--|--|------------|-----|
| <b>Community Health Needs Assessment</b> |  |            |     |
| <b>1</b>                                 | 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b>                                 | 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 . . . . .  | <b>2</b>   | No  |
| <b>3</b>                                 | 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b>                                 | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C) _____   |            |     |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>   |            |     |
| <b>5</b>                                 | 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 . . . . . | <b>5</b>   | Yes |
| <b>6 a</b>                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | No  |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  | <b>6b</b>  | Yes |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>  |            |     |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url) _____  |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C) _____   |            |     |
| <b>8</b>                                 | 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 . . . . .  | <b>8</b>   | Yes |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>   |            |     |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>See Part V, Section C</u>  | <b>10</b>  | Yes |
| <b>a</b>                                 | _____  |            |     |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b>                                | 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  |            |     |
| <b>12a</b>                               | 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b>                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

Facility Reporting Group - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|  |           | Yes | No |
|--|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that   |           |     |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP   | <b>13</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000<br>% and FPG family income limit for eligibility for discounted care of 300 000000000000 %   |           |     |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |           |     |    |
| <b>d</b> <input type="checkbox"/> Medical indigency  |           |     |    |
| <b>e</b> <input type="checkbox"/> Insurance status   |           |     |    |
| <b>f</b> <input type="checkbox"/> Underinsurance discount  |           |     |    |
| <b>g</b> <input type="checkbox"/> Residency  |           |     |    |
| <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |           |     |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .   | <b>14</b> | Yes |    |
| <b>15</b> Explained the method for applying for financial assistance? . . . . .<br>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)  | <b>15</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |           |     |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |           |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |           |     |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)   | <b>16</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>www.camc.org/charity-uninsured-plan</u>  |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>www.camc.org/charity-uninsured-plan</u>   |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>www.camc.org/charity-uninsured-plan</u>  |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |     |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |           |     |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |     |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |           |     |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |           |     |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |           |     |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)  |           |     |    |

**Part V Facility Information** (continued)**Billing and Collections**

Facility Reporting Group - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>17</b> 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? . . . . .  | <b>17</b> | Yes |    |
| <b>18</b> 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   |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |           |     |    |
| <b>19</b> 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? . . . . .   | <b>19</b> |     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged   |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |           |     |    |
| <b>20</b> 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)  |           |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |           |     |    |

**Policy Relating to Emergency Medical Care**

|  |           |     |  |
|--|-----------|-----|--|
| <b>21</b> 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? . . . . .  | <b>21</b> | Yes |  |
| If "No," indicate why  |           |     |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |           |     |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |

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

[illegible]

**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? **12**

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

**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

**990 Schedule H, Supplemental Information**

| Form and Line Reference    | Explanation  |
|----------------------------|--|
| Part I, Line 7             | Utilized worksheet 2 to determine cost-to-charge ratio   |
| Part I, Line 7, Column (f) | The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 30,595,748 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                | Explanation   |
|--|---|
| Part I, Line 3c                        |   |
| Part II, Community Building Activities | <p>CAMC Memorial, General and Women and Children's HospitalsCommunity building activities improve the community's health and safety by addressing the root causes of health problems. One of the root causes CAMC addresses is lack of jobs. As a result, CAMC partners with the Greater Kanawha Valley Foundation, the WV Department of Agriculture and Cory Brothers Food Distributors to create a value chain food system to support wealth creation for local growers. CAMC is also a member of the Partners in Health Network which is comprised of a network of mostly small and rural hospitals, clinics and health departments who work together to address quality and educational needs for improving care management, assistance with NCQA accreditation for patient centered medical homes and improved quality through addressing sepsis and other health issues. The focus is on strengthening local providers to improve access to care. Access to health care for 5,000 working uninsured individuals in central and southern West Virginia is provided through Partners' Community Access Program. Additionally, CAMC provides students enrolled in post-secondary education with related on-the-job training that is required for their graduation. Health Fairs for the community focusing on adults and children provide screening and health information to identify and address health issues. CAMC Teays Valley HospitalCommunity building activities improve the community's health and safety by addressing the root causes of health problems. CAMC Teays supports Medical Explorers, a program designed to introduce youth in Putnam County who have designated health care as their health cluster to the health care environment. This helps to address lack of parental oversight. Teays also supports the Putnam County Career Fair, Health Services Career Conference, and Portfolio Expositions where area high school students and adults are provided information on the educational requirements for health care careers. Hospital staff participate in the review of the student's school portfolio, resumes and conduct mock interviews with each student. CAMC Teays also supports health fairs to provide health information, bloodwork, and bicycle helmets.</p> |



## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 2        | This is the bad debt expense from the audited financial statements. Bad Debt is the net of discounts, payments and recoveries.                     |
| Part III, Line 3        | There are no longer any amount of charity included in the bad debt expense due to all patients being run through a financial assistance estimator. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part III, Line 4        |   |
| Part III, Line 8        | CAMC treats any government reimbursement that is insufficient to cover allocated costs as being a community benefit CAMC chooses to serve the community by participating in the Medicare program and accepting Medicare reimbursement |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 8        | Cost to charge ratio from the Medicare costs report is used  |
| Part III, Line 9b       | <p>CAMC's collection policy makes provisions for patients who qualify for financial assistance. Patients who receive financial assistance must have income at 300% or less of Federal Poverty Guidelines, insufficient assets to pay for the care, and may not be eligible for any public programs. Patients who qualify for financial assistance with income under 200% FPG are given a 100% discount. Patients who qualify for financial assistance with income between 201-300% FPG receive a 50% discount. All patient responsibility debt not approved for financial assistance is reviewed with a financial assistance estimator. This financial assistance estimator process is only used to approve assistance. It is not used to deny assistance. Accounts are only reviewed for Financial Assistance at the 100% discount category. This process is performed before extraordinary collection efforts. Patients without third-party coverage who do not qualify for charity are given a 50% discount from charges (which is greater than any commercial discount). In addition to charity and uninsured discounts, CAMC provides assistance with payment plans, government programs, and an Employee Assistance Program.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 2         |  |
| Part VI, Line 3         | <p>CAMC informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under CAMC's Financial Assistance Policy during the registration process. Information is available through signage and a plain language summary of the policy is given to each patient. In addition, Financial Assistance applications are available at each registration location. CAMC Financial Counselors are located in each Emergency Department and Admitting area. During registration, if a patient is uninsured, they may be referred to a Financial Counselor who provides education about Charity Care, Medicaid Eligibility and Federal Disability. WV State employees are also on site at each hospital to accept and process Medicaid applications and notify patients if they qualify.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 4         |   |
| Part VI, Line 5         | <p>CAMC's governing board is its Board of Trustees, a 17 member volunteer community board that meets WV State law requirements for nonprofit board membership including community representation. Admission to the medical staff is open to all qualified physicians in the area, consistent with the size and nature of the facility. Each CAMC hospital operates a full-time emergency room open to everyone, regardless of ability to pay. CAMC serves a broad cross-section of the community through research and charity care. CAMC applies any surplus funds toward improving facilities, equipment, patient care, medical training, research and education. CAMC's Community Health Improvement Services, Health Professions Education, Financial and In-kind Contributions, Community and Building Activities are detailed in the Community Benefit Report on our website at <a href="http://www.camc.org">www.camc.org</a></p> |

# 990 Schedule H, Supplemental Information

| Form and Line Reference                    | Explanation |
|--|-------------|
| Part VI, Line 6                            |             |
| Part VI, Line 7, Reports Filed With States | WV          |

**Additional Data****Software ID:****Software Version:****EIN:** 55-0526150**Name:** Charleston Area Medical Center Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>4</b> |   | 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  | CAMC Memorial Hospital<br>3200 MacCorkle Avenue<br>Charleston, WV 25304<br>www.camc.org<br>20                   | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| 2  | CAMC General Hospital<br>501 Morris Street<br>Charleston, WV 25301<br>www.camc.org<br>20                        | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| 3  | CAMC Women and Children's Hospital<br>800 Pennsylvania Avenue<br>Charleston, WV 253025302<br>www.camc.org<br>20 | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| 4  | CAMC Teays Valley Hospital<br>1400 Hospital Drive<br>Hurricane, WV 25526<br>www.camc.org<br>20                  | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | B                        |

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

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

| Form and Line Reference                                     | Explanation   |
|---|---|
| Schedule H, Part V, Section B<br>Facility Reporting Group B | Part V, Section B, line 7a <a href="http://www.camc.org/documents/Community/2015-CAMC-Teays-Community-Benefit%20Needs-Assessment-and-Implementation-Strategies.pdf">http://www.camc.org/documents/Community/2015-CAMC-Teays-Community-Benefit%20Needs-Assessment-and-Implementation-Strategies.pdf</a><br>Schedule H, Part V, Section B Facility Reporting Group B<br>Part V, Section B, line 10a <a href="http://www.camc.org/documents/Community/2015-CAMC-Teays-Community-Benefit%20Needs-Assessment-and-Implementation-Strategies.pdf">http://www.camc.org/documents/Community/2015-CAMC-Teays-Community-Benefit%20Needs-Assessment-and-Implementation-Strategies.pdf</a> |



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

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

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

|   |  |
|---|--|
| <b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>  |  |
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. |  |
| Form and Line Reference   | Explanation  |
| Facility Reporting Group A consists of  | - Facility 1 CAMC Memorial Hospital, - Facility 2 CAMC General Hospital, - Facility 3 CAMC Women and Children's Hospital |

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

| Form and Line Reference                                | Explanation   |
|--|---|
| Facility Reporting Group - A Part V, Section B, line 5 | <p>Household Telephone Survey The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument , thorough and consistent training of interviewers, and the use of reputable survey-analysis software The principal investigator provided oversight to the surveying process including data collection and entry Data was collected and entered using a web-based survey This report was compiled and verified for accuracy by members of the Kanawha Coalition for Community Health Improvement This survey sample size results in a statistically significant 95% confidence interval with an error margin of plus or minus 5.63% Not all respondents answered every question, therefore the margin of error was adjusted and reported for each question, based on the number of respondents An independent sampling firm randomly selected landline telephone numbers for Kanawha County households The random landline sample consisted of 4,000 numbers which was screened for disconnects and businesses, resulting in a list of 2,000 numbers A total of 16 individuals received training and administered the phone survey After learning that the number of American homes with only wireless telephones continues to grow and the 39.4% of American homes had only wireless telephones (January - June 2013 National Health Interview Survey), the Kanawha Coalition acquired a random address sample of 5,000 additional Kanawha County residents which included wireless and some unlisted numbers The wireless sample received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone The Kanawha Coalition process works to ensure that the survey sample size is valid, and that the sample is randomly selected It also ensured that the fourth-year nursing students with the University of Charleston's School of Nursing were adequately trained in how to administer the phone survey As with any telephone survey, there are certain limitations The result of the survey depends on the accuracy of the responses given by the persons interviewed Self-reported behavior must be interpreted with caution To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data This comparison reveals an over-representation of respondents who were female, over 55 years of age, had no children in the home and were Caucasian There was an under-representation of African Americans, people with lower-educational attainment (high school or less), those with children in the home, and those who had never been married The Kanawha Coalition conducted focus groups among individuals from these underrepresented populations Focus group findings are intentionally reported independently from those of the scientific random survey to maintain fidelity Focus Groups Six focus groups were</p> |

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

| Form and Line Reference                                | Explanation   |
|--|---|
| Facility Reporting Group - A Part V, Section B, line 5 | ere held in 2013 A total of 15 senior citizens, 14 single-parents, and 10 African Americans participated Host sites for the focus groups included the Kanawha Institute for Social Research and Action (KISRA), Shiloh Baptist Church, the United Way of Central West Virginia (Retired Senior Volunteer Program), and the Martin Luther King Community Center (after school program) Focus group participants were asked to share their opinions about barriers and challenges facing their particular population regarding access to health services, social and economic factors (e.g. employment, education, access to technology, and community attitudes surrounding discrimination, racism), the physical "built" environment (e.g. housing, access to healthy foods, air and water quality) and any other top health issues and pressing concerns |

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

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

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

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

| Form and Line Reference                                 | Explanation   |
|---|---|
| Facility Reporting Group - A Part V, Section B, line 11 | <p>The following health issues are identified as community priorities and funded as part of operational planning by the CAMC Board of Trustees: Obesity, Drugs/Prescription and Illicit, Lack of Physical Activity, Heart Disease/High Blood Pressure, Tobacco Use/Second Hand Smoke Exposure, Unemployment, Jobs/Poverty, Cancer, Lung Disease/Asthma. Results for each of our Community Benefit Implementation Strategies and additional programs are described in detail in our 2016 Community Benefit Report and Report on 2014-2016 Implementation Strategies at <a href="http://www.camc.org">www.camc.org</a>. Some of CAMC Memorial, General and Women and Children's Hospital's 2016 outcomes for implementation strategies are included below:</p> <p>1) Physician Drug Diversion training addressed the community need of Drugs/Prescription and Illicit. In 2014, there were 2,365 physician and mid-level providers who participated with an evaluation of 4.5 and 80% with a post-test passing score. In 2015, 1,458 participants had an evaluation of 4.4 with an 80% pass rate. There were 151 total participants in 2016 including physicians and mid-level providers. This was a three-year program that ran between July 3, 2013 and July 31, 2016. Participant evaluation average was 4.4 on a 1-5 Likert Scale and there was an 80% pass rate.</p> <p>2) We addressed the community need of Cancer, Lung Cancer through continued growth in 2015 of our nurse navigator and survivorship program. The navigators had over 7,600 encounters in 2015 with overall satisfaction of 94%. The survivorship program provided care plans for 30 patients and saw 15-20 patients/week. In 2016, the Breast Navigator saw 1,102 patients. The navigator position has been instrumental in assisting the physicians with the OncotypeDX testing to expedite the time to treatment process and to assist with the Breast Multi-disciplinary clinic. The Breast Cancer Support Group meets every Thursday, with attendance of up to 23 survivors. This group will be participating in the filming of a video to be presented at Mountains of Hope Cancer Coalition, the CAMC website and YouTube, as well as an upcoming communication workshop in Spring 2017. Lung/Head and Neck Navigator saw 1,120 patients in 2016. The navigator has screened 344 patients with 30 LRad 4s and assists LRad 4 patients through a multi-disciplinary team that meets monthly to review all cases and offer their expertise. All navigators are active participants in the Mountains of Hope Cancer Coalition and multiple cancer education/screening and outreach opportunities. They are assisting in the first upcoming fashion show for patients and family members with the various cranial prosthetics, mastectomy/prosthetic garments, compression garments and ostomy cover ups. Navigators supported the first Cancer Screening &amp; Prevention Day held at the CAMC Cancer Center in March 2016 to provide cancer screenings and education on the prevention of cancers. Other community events included Run for Your Life Run/Walk, ALA Bike Trek, ALA Lung Expo, Hous</p> |

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

| Form and Line Reference                                 | Explanation  |
|---|--|
| Facility Reporting Group - A Part V, Section B, line 11 | <p>ing Development screenings, Health Fest and other community health fairs as invited The C olon/GI Navigator saw 948 patients in 2016 The Colon/GI Navigator monitors and trains sta ff on the importance of proper distress screening in oncology patients and represented CAM C Cancer Center at the American Psychosocial Oncology Society (APOS) Conference poster pre sentation on Distress Screening practices in March 2016 They also represented CAMC Cancer Center at the Academy of Oncology Nurse &amp; Patient Navigators (AONN) Conference in Novembe r 2016, where work on Distress Screening was submitted as an abstract for Best Practice T he Colon/GI Navigator has achieved national certification testing Financial Navigators ha d 1,157 patient encounters Survivorship Care - Our goal for 2016 was 25% of all patients diagnosed and/or treated with a curative intent have a survivorship visit Achieved 26% 7 5 total care plans given in 2016 189 appointments scheduled 3 ) Our Healthy Kids Program addresses the community need of Obesity and began 12 years ago offering group visits only one evening a week In 2013, clinical time was increased to 3 clinics per week and 1 even ing group The new patient volume has nearly doubled with 33, 61 and 74 new patients in ye ars 2014 to 2016, respectively Group session occurs each Tuesday evening with group nutri tion education and group exercise The kid's gym has been expanded to include more age app ropriate portable physical activity equipment and a new A-frame Iron Range Training system Services were increased to our patients and families including guest speakers, grocery s tore tours, menu planning and monthly cooking classes which contributed to their success The access has also improved with decreasing 3rd appointment time out for a new patient fr om 39 days in 2013 to 14 days in 2016 We no longer have a waiting list and can schedule p atients when they call Total patient visits volumes have also increased from 227 encounte rs to 320 encounters which does not include the evening group visits The 3rd appointment out for existing patients is 9 days Healthy Kids celebrated with outstanding clinical out comes in 2014 with 96% of patients lowering their BMI from their first to last documented office visit A retrospective study was completed in 2016 looked at initial success and lo ng-term weight management Results showed 91% of patients decreased their BMI z-score (a s tandard deviation score to directly compare BMI's) At an average of 8 years later, 69 2% of these patients kept their weight off successfully This research study won first place in original research in April, 2017 at the CAMC Research Day Increasing exposure for Heal thy Kids services for all children was facilitated by a new website and brochure and hosti ng displays at various conferences 4 ) Obesity is also addressed through our KEYS 4 Healt hy Kids program In 2016, KEYS 4 Healthy Kids increased reach in the public school setting with youth gardens, and child</p> |

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

| Form and Line Reference                                 | Explanation   |
|---|---|
| Facility Reporting Group - A Part V, Section B, line 11 | <p>care center nutrition and physical activity improvements From 2014-2016, KEYS worked with 61 child care centers in 24 counties across the state In 2016, KEYS worked with 9 school s impacting 4,837 WV students KEYS also worked with the WV Bureau for Public Health and t he Harvard Prevention Research Center to complete a return on investment cost analysis for Key 2 a Healthy Start as a primary obesity prevention initiative As a result, it was est imated that 752 cases of obesity would be prevented 5 ) Tobacco Use was addressed through "Tobacco Free for Baby and Me" cessation program for the 326 women who were identified as tobacco users in the CAMC Women's Medicine Center in 2015 The program had a 20% quit rat e compared to the national quit rate of 13% In addition, quit validation is 79% The "Tob acco Free For Baby and Me" cessation program reported an average 23% quit rate in 2016 Th e program's quit rate continues to be above the National Quit Rate of 13%- 18% Quit Valid ation is reported at 87% The program provides a Certified Tobacco Treatment Specialist fo r individual counseling four hours per week The Program Intake Form has been revised to c ompliment a research study on the usage of e-cigs in pregnant women 6 ) Cancer was address ed through our work to provide Medical Homes/Neighborhood and the increase in preventive s creenings In 2016 the Family Medicine Center achieved NCQA PCMH Level 2 Recognition and w ill apply for renewal in 2019 The following preventive health screenings were achieved B reast Cancer Screenings - 46% July 2015 to 75% May 2017 Colorectal Cancer Screenings - 31% July 2015 to 94% Cervical Cancer Screenings - 49% July 2015 to 85%Flu Vaccines - 81% of F MC patients received flu vaccine 7 ) Unemployment Jobs/Poverty is addressed through buildi ng the base of local growers providing vegetables to CAMC As of 2016, West Virginia now h as 14 GAP certified growers Local efforts include working with State Department of Agricu lture to increase the number of training classes and timeliness of the certification proce ss Met with growers and interest has increased and growers were supported in developing t heir Farm Safety Plans One grower provided CSA boxes to 100 CAMC employees and medical st aff for the 2016 season For the 2016 growing season (6/15/16 - 10/31/16), West Virginia, Ohio and Kentucky sourced product was \$42,477 which is 20 2% of net purchases This includ es 2,346 of the 10,752 pieces or 21 8% of total pieces were local The following community health priority was not addressed by CAMC High School Dropout This issue continues to b e addressed by United Way of Central WV, Kanawha County Schools and State Department of Ed ucation with improving results</p> |



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

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

| Form and Line Reference                                  | Explanation  |
|--|--|
| Facility Reporting Group - A Part V, Section B, line 13h | Other criteria considered for financial assistance eligibility A financial assistance estimation tool that utilizes public records, and whether or not a patient receives assistance from certain state agencies |

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

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

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

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

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

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

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

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

| Form and Line Reference                                | Explanation  |
|--|--|
| Facility Reporting Group - B Part V, Section B, line 5 | <p>United Way of Central WV completed a community survey in July 2015 to identify top health, education, income/economic and safety net issues for Putnam County. Survey Monkey web based tool was utilized. 105 responses were collected from Putnam County comprised of 75% female and 25% male. 2015 Putnam County Fair Survey on substance abuse with 91 adults and 120 youth completing the survey. In April 2015, 41 law enforcement officers responded to the question: What is the most concerning emerging trends with local youth substance abuse? Putnam Wellness Coalition completed Key Leader interviews with 10 participants on various issues. EnAct Community Action Agency conducted a needs assessment in Boone, Clay, Fayette, Kanawha and Putnam Counties. The project included surveying residents, interviewing community stakeholders, conducting secondary data research, facilitating an analysis retreat, and providing a summary report with key findings and recommendations. There were 131 responses from individuals who indicated residency in Putnam County. To further identify primary and chronic disease needs and other health issues of uninsured, low-income persons, and minority groups, the Advisory Committee reviewed Putnam County beneficiary utilization of United Way services. Dr. Michael Brumage, Executive Director/Health Officer of the Kanawha-Charleston Health Department, was consulted on the health needs of Putnam County. The Kanawha-Charleston Health Department assumed responsibility for the Putnam County Health Department after the 2012 Putnam County Needs assessment was completed. A large percentage of Putnam County residents work and seek health care in Kanawha County, including at the Kanawha-Charleston Health Department. One of Dr. Brumage's staff now serves as administrator for both Kanawha-Charleston and Putnam County Health Departments. Although new to his job, Dr. Brumage is already active and vital participant of the Kanawha Coalition for Community Health Improvement and is committed to working with the United Way Putnam County Advisory Committee and CAMC Teays Valley Hospital to identify and address identified health issues. In addition, Dr. Brumage identified partnership opportunities that were incorporated into the Implementation Strategies for CAMC Teays Valley Hospital.</p> |

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

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

| Form and Line Reference                                 | Explanation   |
|---|---|
| Facility Reporting Group - B Part V, Section B, line 6a | The hospital facility's CHNA was not conducted with one or more other hospital facilities Part V, Section B, line 6b AEP, United Way of Central WV, Cummins Crosspoint, Putnam County Wellness Coalition, Teays Valley Church of the Nazarene, Putnam County Manager, Putnam County Schools |

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

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

| Form and Line Reference                                 | Explanation  |
|---|--|
| Facility Reporting Group - B Part V, Section B, line 11 | <p>The following health issues are identified as community priorities in 2015 for 2015-2017 Physical Inactivity, Afterschool Hunger (children), Unhealthy Diet, Drugs (heroin, prescription drugs), Alcohol Use, Tobacco Use, Parental Oversight -overall and particularly after school, Melanoma, Lack of Food (associated with poverty), Lack of Affordable Child Care Implementation strategies for 2015-2017 with 2016 progress updates include 1 ) Providing physical activity opportunities for the at-risk cardiac population In 2015, an exercise program was established for patients following the completion of cardiac rehab and in 2016 the program had 117 participants 2 ) Provide access to primary and specialty health care for the service area through medical staff recruitment In 2016, new physician recruitment included Pulmonology (1) and Anesthesiology (2) 3 ) Divert non-violent youth who abuse alcohol and drugs to a drug and alcohol free future In 2016, the Putnam County Juvenile Drug Court program graduated 15-20 students with a continued very high success rate 4 ) Provide medical supplies for each Putnam County Library for use in emergency situations As of 2016, each classroom in Putnam County, all libraries and police were provided with emergency kits 5 ) Provide food to low income children during the summer through the backpack buddy program In 2016, CAMC Teays worked with United Way and other community providers to provide this program over the summer though funding and packing boxes for mailing 6 ) Melanoma was addressed through participation in the Woman Up Conference with information and education on melanoma CAMC Teays also addresses the physical activity priority health need through the CARDIAC Project, Camp Kno Koma, providing sports physicals to high school athletes, providing orthopedic coverage for area school sports and placing AEDs in all schools Poverty is addressed through enrollment assistance for patients and families for health coverage and through charity care 2016 results for each of CAMC Teays Valley Hospital Implementation Strategies and additional programs are described in detail in the CAMC Teays Valley Hospital Community Needs Assessment and Implementation Strategies 2015 - 2017 report found at <a href="http://www.camc.org">www.camc.org</a> The following needs are not addressed by CAMC Teays Valley Hospital Unhealthy Diet This need is addressed by the CAMC Weight Loss Center Alcohol Use is addressed by Alcoholics Anonymous Lack of Affordable Child Care is not addressed because CAMC Teays does not have the capacity or funding to address this issue</p> |

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

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

| Form and Line Reference                                  | Explanation  |
|--|--|
| Facility Reporting Group - B Part V, Section B, line 13h | Other criteria considered for financial assistance eligibility A financial assistance estimation tool that utilizes public records, and whether or not a patient receives assistance from certain state agencies |

| Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility |                             |
|---|-----------------------------|
| (list in order of size, from largest to smallest)   |                             |
| How many non-hospital health care facilities did the organization operate during the tax year? _____                      |                             |
| Name and address  | Type of Facility (describe) |
| <b>1</b> 1 - CAMC Imaging Center<br>60 RHL Boulevard<br>South Charleston, WV 25309  | Outpatient Imaging Center   |
| <b>1</b> 2 - CAMC Urgent Care Center<br>314 Goff Mountain Road Suite 3<br>Cross Lanes, WV 25313                           | Urgent Care Facility        |
| <b>2</b> 3 - CAMC Physical Therapy and Sports Med Ce<br>200 Tracy Way<br>Charleston, WV 253111258                         | Rehabilitation Facility     |
| <b>3</b> 4 - CAMC Solutions<br>2568 Pennsylvania Avenue<br>Charleston, WV 253024907                                       | Pharmacy Compounding Center |
| <b>4</b> 5 - CAMC Pharmacy<br>314 Goff Mountain Road<br>Cross Lanes, WV 25313   | Pharmacy                    |
| <b>5</b> 6 - St Mary's Laboratory Services<br>2900 First Ave Suite 607<br>Huntington, WV 25702                            | Laboratory Services         |
| <b>6</b> 7 - CAMC Weight Loss Center<br>600 Tracy Way Suite 2<br>Charleston, WV 25311                                     | Weight Loss Center          |
| <b>7</b> 8 - CAMC Primary Care-Nitro<br>4111 First Avenue 3<br>Nitro, WV 25143  | Family Practice             |
| <b>8</b> 9 - CAMC Primary Care-Winfield<br>3456 Winfield Road<br>Winfield, WV 25526                                       | Family Practice             |
| <b>9</b> 10 - Plastic Surgery Center<br>210 Brooks Street Suite 200<br>Charleston, WV 25301                               | Plastic Surgery             |
| <b>10</b> 11 - Teays Valley Orthopedics<br>3703 Teays Valley Road<br>Hurricane, WV 25526                                  | Orthopedic Center           |
| <b>11</b> 12 - Urologic Surgical Center<br>11 Courtney Drive<br>Charleston, WV 25304                                      | Urological Center           |



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I

General Information on Grants and Assistance

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

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

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 9

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance     | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) Nursing Scholarships            | 114                      | 158,200                  |                                   |   |  |
| (2) Allied Health Scholarships      | 51                       | 58,000                   |                                   |   |  |
| (3) Medical Scholarships            | 40                       | 106,225                  |                                   |   |  |
| (4) Employee Dependent Scholarships | 34                       | 42,500                   |                                   |   |  |
| (5) Employee Scholarships           | 135                      | 89,017                   |                                   |   |  |
| (5)                                 |                          |                          |                                   |   |  |
| (6)                                 |                          |                          |                                   |   |  |
| (7)                                 |                          |                          |                                   |   |  |

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

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

Additional Data

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

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WV Health Right Inc<br>1520 Washington Street<br>Charleston, WV 25311  | 31-1066881 | 501(c)(3)                     | 145,940                  |                                   |   |  | General Program Support            |
| Ronald McDonald House Charities of Southern West Virginia Inc<br>910 Pennsylvania Avenue<br>Charleston, WV 25302 | 55-0631080 | 501(c)(3)                     | 312,001                  |                                   |   |  | General Program Support            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Braxton County Memorial Hospital<br>100 Hoylman Drive<br>Gassaway, WV 26624                                    | 55-0611919 | 501(c)(3)                     | 200,000                  |                                   |   |  | General Program Support            |
| American Heart Association<br>162 Court Street<br>Charleston, WV 25301   | 13-5613797 | 501(c)(3)                     | 8,000                    |                                   |   |  | General Program Support            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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<br>113 Lakeview Drive<br>Charleston, WV 25313   | 53-0196605 | 501(c)(3)                     | 25,000                   |                                   |   |  | General Program Support            |
| Fund for the Arts<br>803 Quarrier Street 100<br>Charleston, WV 25301   | 55-0614854 | 501(c)(3)                     | 7,500                    |                                   |   |  | General Program Support            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
| Hospice Care<br>1606 Kanawha Blvd W<br>Charleston, WV 253872536  | 34-1337316 | 501(c)(3)                     | 23,000                   |                                   |   |  | General Program Support            |
| West Virginia Chamber of Commerce<br>PO Box 2789<br>Charleston, WV 25330                                       | 55-0306990 | 501(c)(6)                     | 12,000                   |                                   |   |  | General Program Support            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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            |
| YMCA of Kanawha Valley<br>100 YMCA Drive<br>Charleston, WV 25311   | 55-0357058 | 501(c)(3)                     | 6,000                    |                                   |   |  | General Program Support                       |
| University of Charleston<br>2300 MacCorkle Ave SE<br>Charleston, WV 253041099                                  | 55-0357039 | 501(c)(3)                     | 285,000                  |                                   |   |  | Nursing, Pharmacy and General Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
| Bridgevalley Community and Technical College<br>619 2nd Avenue<br>Montgomery, WV 25136                         | 46-5109796 |                               | 273,000                  |                                   |   |  | Nursing and General Support        |



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I Questions Regarding Compensation

|  | Yes       | No  |
|--|-----------|-----|
| <b>1a</b> 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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |           |     |
| <b>b</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  | <b>1b</b> |     |
| <b>2</b> 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?  | <b>2</b>  |     |
| <b>3</b> 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.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>  |           |     |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b> | Yes |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |     |
| <b>5</b> 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:<br><b>a</b> The organization?  | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5b</b> | No  |
| <b>6</b> 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:<br><b>a</b> The organization?  | <b>6a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6b</b> | No  |
| <b>7</b> 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.   | <b>7</b>  | Yes |
| <b>8</b> 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.  | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  |     |

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

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

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

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

**Part III** **Supplemental Information**

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

| Return Reference    | Explanation |
|---------------------|-------------|
| See Additional Data |             |

**Additional Data**

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

**Part III, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| Part I, Line 3   | The CAMCHSI Board of Directors Compensation Committee selects and supervises an independent consultant who advises the Committee on compensation arrangements and transactions between CAMC Health System, Inc subsidiaries (including CAMC) and executives (including CAMC's CEO) The Committee uses the data to determine the total compensation of CAMC's CEO and other executive officers This data is reviewed every two years or when a new person comes into an executive role |

**Part III, Supplemental Information**

| Return Reference   | Explanation  |
|--------------------|--|
| Part I, Lines 4a-b | Gregory Veltri received \$285,344 severance in 2016. CAMC has a Mutual Severance Agreement with Mr. Veltri which states "Although Veltri will no longer be performing duties or exercising any responsibilities, CAMCHSI will continue to pay Veltri his bi-weekly pay check through December 2016." |

Part III, Supplemental Information

| Return Reference   | Explanation  |
|--------------------|--|
| Part I, Lines 4a-b | <p>Supplemental Executive Retirement Plan ("SERP") Participants are key officers of CAMCHSI and subsidiaries Participant Ronald Moore in 2016 was paid \$1,805,731 Terms and Conditions of SERP plan Defined Benefit Vest at age 60, or later, if one time postponement is made prior to age 59 Deferred vesting date cannot be earlier than age 65 or later than age 68 Benefit at age 60 with 30 years of service is computed as the difference between 55% of Final Average Total compensation and sum of retirement benefits paid from CAMC Health System, Inc Qualified Retirement Plan, Non-Qualified Retirement Restoration Plan and 50% of projected age 62 Primary Social Security Benefit Eligible to receive SERP benefits upon earliest of normal retirement or date elected, if extended, death, disability, involuntary termination without cause Early retirement at age 55 with at least 5 years of service reduced 1 83% for each year of service less 30 and 0 5% reduction for each month prior to Normal Retirement Date (age 60) Taxes due upon distribution Subject to the Substantial Risk of Forfeiture CEO Supplemental Executive Retirement Plan ("SERP") Participant-CEO Terms and Conditions of CEO SERP Plan Defined Contribution Vest at age 65 Benefit at age 65 projected as the difference between 60% of Final 5 Year Average Total compensation and sum of retirement benefits paid from CAMC Health System, Inc Qualified Retirement Plan and 50% of projected age 65 Primary Social Security Benefit Actual benefits will depend upon simulated investment results based on investment options selected by participant Eligible to receive SERP benefits upon earliest of deferred vesting date, death, disability, involuntary termination without cause Taxes due upon vesting Subject to the Substantial Risk of Forfeiture Under the Execu-Flex Benefit Plan (409A), executives receive 11% of their salary in flex allowance This flex allowance is used to elect executive benefits Any remaining flex allowance is credited to a tax-deferred Capital Accumulation Account The minimum vesting period is two years, maximum age is 68 A two year non-compete agreement (Substantial Risk of Forfeiture Agreement) applies if termination of employment occurs prior to the vesting date Certain participants had amounts vested and included as reportable compensation this year, as detailed below David L Ramsey - \$82,157 Dale R Wood - \$31,135 Larry C Hudson - \$73,618 Glen Crotty Jr , MD - \$72,240 Thomas P McIlwain, M D - \$120,635 Jeffrey L Oskin - \$32,856 Michael D Williams - \$27,419 Ronald E Moore - \$20,291 Jeffrey H Goode - \$24,162 Kristi Snyder-\$19,120 Randall H Hodges - \$24,064 S Andrew Weber - \$24,344 Stephen Z Bell - \$33,034 Robert D Whitler - \$13,707 Robert D Danielson - \$18,440</p> |

**Part III, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| Part I, Line 7   | The organization provides incentive payments to certain employees after operating and performance goals are achieved Incentive payment plans are reviewed and approved by the CAMC Health System, Inc Board of Directors Compensation Committee |

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 |  |                         |                                 |   |
| 1David L Ramsey<br>President, CEO & Trustee                       | (i)  | 785,590  | 225,000                             | 134,659                             | 435,062  | 23,223                  | 1,603,534                       | 81,011  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 1John L Goad MDTrustee  | (i)  | 686,465  | 0                                   | 41,232                              | 10,600   | 19,166                  | 757,463                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 2Samuel Shawn Groves MD<br>Trustee                                | (i)  | 473,679  | 0                                   | 49,335                              | 10,600   | 29,821                  | 563,435                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 3Robert D Whitler<br>VP Gov't & Comm Affairs                      | (i)  | 183,989  | 31,836                              | 27,080                              | 8,937  | 24,109                  | 275,951                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 4Ronald E Moore<br>VP Prof Prac & CNO                             | (i)  | 224,332  | 41,129                              | 1,858,686                           | 29,710   | 11,808                  | 2,165,665                       | 1,294,367   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 5Krsti Snyder<br>VP Human Resources                               | (i)  | 246,628  | 46,369                              | 30,435                              | 163,283  | 3,899                   | 490,614                         | 19,117  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 6Angela Fenton Hill<br>Secretary & Gen Counsel<br>(start 7/16)    | (i)  | 244,062  | 16,711                              | 17,980                              | 10,276   | 22,868                  | 311,897                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 7Dale R Wood<br>VP System Improv & CQO                            | (i)  | 267,855  | 48,450                              | 511,465                             | 137,228  | 10,140                  | 975,138                         | 200,480   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 8Larry C Hudson<br>Executive VP & CFO                             | (i)  | 443,147  | 102,650                             | 118,932                             | 10,600   | 10,908                  | 686,237                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 9Thomas P McIlwain MD<br>VP Med Affairs and CMO                   | (i)  | 381,829  | 61,844                              | 148,185                             | 45,727   | 24,163                  | 661,748                         | 62,265  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 10Jeffrey L Oskin<br>VP Administrator                             | (i)  | 332,287  | 48,321                              | 45,494                              | 135,395  | 10,848                  | 572,345                         | 32,851  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 11Jeffrey H Goode<br>VP Ambulatory Services                       | (i)  | 286,294  | 49,545                              | 42,341                              | 159,348  | 30,821                  | 568,349                         | 24,158  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 12S Andrew Weber<br>VP Administrator                              | (i)  | 232,331  | 44,482                              | 35,276                              | 125,362  | 31,821                  | 469,272                         | 24,340  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 13Eileen Clark<br>VP Info Svc & CIO (start 2/16)                  | (i)  | 261,224  | 20,000                              | 18,599                              | 30,087   | 19,248                  | 349,158                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 14Stephen Z BellVP Finance  | (i)  | 203,675  | 40,311                              | 64,304                              | 46,364   | 11,340                  | 365,994                         | 33,029  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 15Robert B Danielson<br>VP Compliance                             | (i)  | 175,770  | 24,717                              | 28,440                              | 70,701   | 21,203                  | 320,831                         | 18,437  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 16Glenn Crotty Jr MD<br>Executive VP & COO                        | (i)  | 499,035  | 121,897                             | 100,042                             | 36,040   | 23,223                  | 780,237                         | 46,071  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 17Marshall A McMullen Jr<br>Secretary & Gen Counsel<br>(end 7/16) | (i)  | 182,124  | 39,664                              | 281,609                             | 35,622   | 12,579                  | 551,598                         | 51,732  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 18Michael D Williams<br>VP Administrator                          | (i)  | 290,651  | 44,251                              | 50,249                              | 247,628  | 24,159                  | 656,938                         | 27,415  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 19Randall H Hodges<br>VP Administrator                            | (i)  | 209,248  | 42,762                              | 61,966                              | 10,600   | 23,963                  | 348,539                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |



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

| (A) Name and Title                                       |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 21Rocky Blake<br>Interim VP Info Svc & CIO<br>(end 2/16) | (i)  | 205,153  | 33,902                              | 16,800                              | 9,866  | 23,196                  | 288,917                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 1John Deel MDPhysician                                   | (i)  | 1,173,823  | 0                                   | 0                                   | 10,600   | 30,421                  | 1,214,844                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 2Robert B Shin MDPhysician                               | (i)  | 1,108,027  | 0                                   | 0                                   | 10,600   | 967                     | 1,119,594                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 3Nathan Kister MDPhysician                               | (i)  | 1,026,829  | 0                                   | 40,173                              | 10,600   | 36,684                  | 1,114,286                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 4Samuel C Rossi MD<br>Physician                          | (i)  | 945,269  | 0                                   | 0                                   | 10,600   | 20,804                  | 976,673                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 5James Cox MDPhysician                                   | (i)  | 913,434  | 0                                   | 0                                   | 10,600   | 30,707                  | 954,741                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |
| 6Gregory M Veltri<br>Former VP Info Svc & CIO            | (i)  | 0  | 0                                   | 285,600                             | 0  | 20,203                  | 305,803                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | -<br>0                  | -<br>0                          | 0   |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Charleston Area Medical Center Inc

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
55-0526150

Part I

Bond Issues

| (a) Issuer name                            | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A West Virginia Hospital Finance Authority | 62-1256910     | 956624AQ3   | 06-19-2008      | 127,355,000     | See Part VI                |              | X  |                         | X  |                    | X  |
| B West Virginia Hospital Finance Authority | 62-1256910     | 956622ZV9   | 09-10-2009      | 177,519,271     | See Part VI                |              | X  |                         | X  |                    | X  |
| C West Virginia Hospital Finance Authority | 62-1256910     | 956622F74   | 07-24-2014      | 50,641,160      | See Part VI                |              | X  |                         | X  |                    | X  |
| D West Virginia Hospital Finance Authority | 62-1256910     | 000000000   | 09-30-2008      | 26,000,000      | See Part VI                |              | X  |                         | X  |                    | X  |

Part II

Proceeds

|    |  |  |  |  | A           | B           | C          | D          |
|----|--|--|--|--|-------------|-------------|------------|------------|
| 1  | Amount of bonds retired . . . . .  |  |  |  | 6,915,000   | 75,720,000  |            | 7,231,460  |
| 2  | Amount of bonds legally defeased . . . . .   |  |  |  |             |             |            |            |
| 3  | Total proceeds of issue . . . . .  |  |  |  | 130,398,907 | 178,397,572 | 50,641,160 | 26,105,219 |
| 4  | Gross proceeds in reserve funds . . . . .  |  |  |  |             | 8,929,186   | 3,564,096  |            |
| 5  | Capitalized interest from proceeds . . . . .   |  |  |  |             | 842,090     |            |            |
| 6  | Proceeds in refunding escrows . . . . .  |  |  |  |             |             |            |            |
| 7  | Issuance costs from proceeds . . . . .   |  |  |  | 2,071,347   | 2,455,533   | 640,714    | 146,457    |
| 8  | Credit enhancement from proceeds . . . . .   |  |  |  | 773,024     |             |            |            |
| 9  | Working capital expenditures from proceeds . . . . .   |  |  |  |             | 17,301,803  |            |            |
| 10 | Capital expenditures from proceeds . . . . .   |  |  |  | 94,470,515  | 2,926,790   |            | 4,214,557  |
| 11 | Other spent proceeds . . . . .   |  |  |  | 33,084,021  | 146,196,700 | 50,000,446 | 21,744,205 |
| 12 | Other unspent proceeds . . . . .   |  |  |  |             |             |            |            |
| 13 | Year of substantial completion . . . . .   |  |  |  | 2015        |             | 2013       |            |
|    |  |  |  |  | Yes         | No          | Yes        | No         |
| 14 | Were the bonds issued as part of a current refunding issue? . . . . .  |  |  |  | X           |             | X          | X          |
| 15 | Were the bonds issued as part of an advance refunding issue? . . . . .   |  |  |  |             | X           | X          | X          |
| 16 | Has the final allocation of proceeds been made? . . . . .  |  |  |  | X           | X           | X          | 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)

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

**Part IV Arbitrage**

|   | <b>A</b>              |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|-----------------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b>            | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . |                       | X         |            | X         |            | X         |            | X         |
| <b>2</b> If "No" to line 1, did the following apply? . . . .  |                       |           |            |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .  |                       | X         |            | X         | X          |           |            | X         |
| <b>b</b> Exception to rebate? . . . . .   |                       | X         |            | X         |            | X         |            | X         |
| <b>c</b> No rebate due? . . . . .   | X                     |           | X          |           |            | X         | X          |           |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                             |                       |           |            |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   | X                     |           |            | X         |            | X         | X          |           |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?    | X                     |           |            | X         |            | X         |            | X         |
| <b>b</b> Name of provider . . . . .   | Merrill Lynch Capital |           |            |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .  | 2920 0000000000 %     |           |            |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .   |                       | X         |            |           |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .  |                       | X         |            |           |            |           |            |           |

**Part IV Arbitrage** (Continued)

|  | <b>A</b>   |           | <b>B</b>          |           | <b>C</b>          |           | <b>D</b>   |           |
|--|------------|-----------|-------------------|-----------|-------------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b>        | <b>No</b> | <b>Yes</b>        | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                |            | X         | X                 |           | X                 |           |            | X         |
| <b>b</b> Name of provider . . . . .  |            |           | Wachovia          |           | Wachovia          |           |            |           |
| <b>c</b> Term of GIC . . . . .   |            |           | 2300 0000000000 % |           | 2300 0000000000 % |           |            |           |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .   |            |           | X                 |           | X                 |           |            |           |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                  | X          |           | X                 |           |                   | X         | X          |           |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . | X          |           | X                 |           | X                 |           | X          |           |

**Part V Procedures To Undertake Corrective Action**

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

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

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| Date Rebate Computation Performed | Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 06/30/2013 |
|                                   | Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 06/30/2014 |
|                                   | Issuer Name West Virginia Hospital Finance Authority Date the Rebate Computation was Performed 06/30/2013 |

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

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

**Additional Data**

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Rick Crotty               | Family member of Glenn Crotty Jr , MD, Officer                  | 63,050                    | Employed by organization       |   | No |
| (2) Barbara Covelli           | Family member of Glenn Crotty Jr , MD, Officer                  | 105,484                   | Employed by organization       |   | No |
| (3) Donna Bell                | Family member of Stephen Z Bell, Officer                        | 169,663                   | Employed by organization       |   | No |
| (4) Matthew Griffith          | Family member of James P Griffith, MD, Trustee                  | 24,836                    | Employed by organization       |   | No |
| (5) Gloria Jean Morgan        | Family member of Kristi Snyder, Officer                         | 14,471                    | Employed by organization       |   | No |
| (6) John Snyder               | Family member of Kristi Snyder, Officer                         | 88,163                    | Employed by organization       |   | No |
| (7) Christine Oskin           | Family member of Jeffrey L Oskin, Officer                       | 123,422                   | Employed by organization       |   | No |
| (8) Erik Reeder               | Family member of Glenn Crotty Jr , MD, Officer                  | 44,658                    | Employed by organization       |   | No |
| (9) Kim Goode                 | Family Member of Jeffrey H Goode, Officer                       | 47,734                    | Employed by organization       |   | No |
| (10) James Williams           | Family Member of Gregory Veltri, Former Officer                 | 35,964                    | Employed by organization       |   | No |
| (11) Alexis McCormick         | Family Member of Robert D Whitler, Officer                      | 39,959                    | Employed by organization       |   | No |
| (12) Kellie Teel              | Family Member of S Andrew Weber, Officer                        | 45,178                    | Employed by organization       |   | No |



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . .   |                               |  |   |  |
| 2 Art—Historical treasures . .   |                               |  |   |  |
| 3 Art—Fractional interests . .   |                               |  |   |  |
| 4 Books and publications . .   |                               |  |   |  |
| 5 Clothing and household<br>goods . . . . .  |                               |  |   |  |
| 6 Cars and other vehicles . . .  |                               |  |   |  |
| 7 Boats and planes . . . . .   |                               |  |   |  |
| 8 Intellectual property . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded .   |                               |  |   |  |
| 10 Securities—Closely held stock .   |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .  |                               |  |   |  |
| 12 Securities—Miscellaneous . .  |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .   |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . .  |                               |  |   |  |
| 15 Real estate—Residential . .   |                               |  |   |  |
| 16 Real estate—Commercial . .  |                               |  |   |  |
| 17 Real estate—Other . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . . .  |                               |  |   |  |
| 20 Drugs and medical supplies .  |                               |  |   |  |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . . .  |                               |  |   |  |
| 23 Scientific specimens . . . .  |                               |  |   |  |
| 24 Archeological artifacts . . .   |                               |  |   |  |
| 25 Other ► (<br>Med Analyzers )  | X                             | 3  | 591,614   | FMV  |
| 26 Other ► ( )   |                               |  |   |  |
| 27 Other ► ( )   |                               |  |   |  |
| 28 Other ► ( )   |                               |  |   |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement |                               |  | 29  | 0  |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be used  
for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference   | Explanation                                     |
|--------------------|---|
| Part I, Column (b) | Column (b) refers to the number of contributors |

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Charleston Area Medical Center Inc**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

55-0526150

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation  |
|---|--|
| Form 990,<br>Part VI,<br>Section A,<br>line 6 | CAMC Health System, Inc ("CAMCHSI") is CAMC's sole voting member |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section A,<br>line 7a | CAMC Health System, Inc ("CAMCHSI") is CAMC's sole voting member and has authority to elect all voting trustees of CAMC other than ex-officio trustees names in CAMC's governing documents The sole voting member has the sole authority to amend CAMC's governing documents |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section A,<br>line 7b | CAMCHSI is CAMC's sole voting member and has reserved powers under CAMC's governing documents, which provide that decisions of CAMC's governing body, such as election of officers, approval of annual budgets and borrowings, are subject to approval by the sole voting member. The sole voting member also has all approval powers provided to members of West Virginia nonprofit corporations under state law. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 11b | CAMC compiles necessary information for Form 990 through the efforts of various officers and trustees of the organization and its affiliates. The return is then prepared and reviewed by an external consultant firm. This firm then reviews the completed Form 990 with the CAMC Board of Trustees and its Audit Committee. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 12c | <p>Corporate officers, including the President and Secretary, develop the agendas for board meetings and identify and resolve potential conflict of interest issues relative to action items. Annual disclosure procedures are implemented and the board chair and Nominating Committee periodically review conflict situations. The organization's conflict of interest policy requires all disclosed conflicts to be reported by the Chief Compliance Officer to the CAMC Health System Management Compliance Committee. The Compliance Officer will inform the Board of Trustees Audit Committee at their next scheduled meeting of all such activities approved by the CAMC Health System Management Compliance Committee. The Manager (the direct supervisor of a company representative) may concur with the Compliance Officer's decision or may ask that the CAMC Health System Management Compliance Committee review the Conflict of Interest Form in question. The CAMC Health System Management Compliance Committee will then review the conflict of interest in question at the next meeting and their decision is final.</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 15 | The CAMCHSI Board of Directors Compensation Committee selects and supervises an independent consultant who advises the Committee on compensation arrangements and transactions between CAMC Health System, Inc. subsidiaries (including CAMC) and executives. The Committee uses the data to determine the total compensation of CAMC's CEO and the other executives. The data is reviewed every two years or when a new person comes into an executive role. |



## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return<br>Reference             | Explanation   |
|---------------------------------|---|
| Form 990,<br>Part XI, line<br>9 | Increase/Decrease in beneficial interest in CAMC Foundation 3,105,780 Change in Affiliate Receivable Balance 853,522 Affiliate Transfers CAMC Health System, Inc and Subsidiaries -1,506,462 Change in Retirement Obligation -603,114 Changes in Non-Controlling Interest -91,390 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|------------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                              |  |                            |   |                                  | Yes  | No |
| (1)CAMC Health System Inc<br>PO Box 1547<br><br>Charleston, WV 253261547<br>55-0664138                           | Parent Company               | WV   | 501(c)(3)                  | Line 12c, III-FI                                    | N/A                              |  | No |
| (2)CAMC Health Education and Research Institute Inc<br>PO Box 1547<br><br>Charleston, WV 253261547<br>55-0753754 | Medical Educational Research | WV   | 501(c)(3)                  | Line 12b, II  | CAMC Health System Inc           | Yes  |    |
| (3)CAMC Foundation Inc<br>PO Box 1547<br><br>Charleston, WV 253261547<br>31-0887133                              | Fundraising                  | WV   | 501(c)(3)                  | Line 7  | CAMC Health System Inc           | Yes  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |
|  |                              |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity   | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |   | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> Women and Children's Medical Office Building Partnership<br>PO Box 1547<br>Charleston, WV 253261547<br>55-0669065 | Medical Office<br>Building | WV  | Charleston<br>Area Medical<br>Center Inc | Related  | 77,377                          | 3,222,133                                 |   | No |  | Yes                                       |    | 90 440 %                       |
| <b>(2)</b> General Division Medical Office Building Partnership<br>PO Box 1547<br>Charleston, WV 253261547<br>55-0623949     | Medical Office<br>Building | WV  | Charleston<br>Area Medical<br>Center Inc | Related  | 331,003                         | 700,360                                   |   | No |  | Yes                                       |    | 81 930 %                       |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |   |   |    |  |   |    |                                |

**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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                                  |   |                                     |  |                                 |   |                                | Yes   | No |
| <b>(1)</b> Integrated Health Care Providers Inc<br>PO Box 1547<br>Charleston, WV 253261547<br>55-0751010 | Specialty Physician<br>Practices | WV  | N/A                                 | C  |                                 |   |                                | Yes   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |
|  |                                  |   |                                     |  |                                 |   |                                |   |    |

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

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

See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>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 |
|------------------|-------------|
|------------------|-------------|

Additional Data

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

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

| (a)<br>Name of related organization                           | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|---|---------------------------------|------------------------|--|
| (1) CAMC Health System Inc                                    | L                               | 118,859                | Fair Market Value                            |
| (1) CAMC Health System Inc                                    | R                               | 763,987                | Fair Market Value                            |
| (2) CAMC Health Education and Research Institute Inc          | J                               | 264,857                | Contract                                     |
| (3) CAMC Health Education and Research Institute Inc          | M                               | 17,361,977             | Contract                                     |
| (4) CAMC Health Education and Research Institute Inc          | L                               | 418,836                | Fair Market Value                            |
| (5) CAMC Health Education and Research Institute Inc          | P                               | 448,480                | Fair Market Value                            |
| (6) CAMC Health Education and Research Institute Inc          | Q                               | 3,331,828              | Fair Market Value                            |
| (7) CAMC Health Education and Research Institute Inc          | R                               | 6,120,047              | Fair Market Value                            |
| (8) CAMC Foundation Inc                                       | C                               | 2,524,660              | Fair Market Value                            |
| (9) CAMC Foundation Inc                                       | K                               | 591,447                | Contract                                     |
| (10) CAMC Foundation Inc                                      | L                               | 240,156                | Fair Market Value                            |
| (11) CAMC Foundation Inc                                      | Q                               | 455,386                | Fair Market Value                            |
| (12) Integrated Health Care Providers Inc                     | B                               | 3,622,807              | Contract                                     |
| (13) Integrated Health Care Providers Inc                     | K                               | 253,083                | Contract                                     |
| (14) Integrated Health Care Providers Inc                     | L                               | 3,599,202              | Contract                                     |
| (15) Integrated Health Care Providers Inc                     | P                               | 1,460,834              | Fair Market Value                            |
| (16) Integrated Health Care Providers Inc                     | Q                               | 7,780,504              | Fair Market Value                            |
| (17) Integrated Health Care Providers Inc                     | R                               | 893,717                | Fair Market Value                            |
| (18) Women and Children’s Medical Office Building Partnership | C                               | 180,885                | Fair Market Value                            |
| (19) General Division Medical Office Building Partnership     | C                               | 327,725                | Fair Market Value                            |
| (20) Women and Children’s Medical Office Building Partnership | K                               | 1,147,038              | Contract                                     |
| (21) General Division Medical Office Building Partnership     | K                               | 959,631                | Contract                                     |
| (22) Women and Children’s Medical Office Building Partnership | L                               | 256,108                | Contract                                     |
| (23) General Division Medical Office Building Partnership     | L                               | 194,795                | Contract                                     |
| (24) Women and Children’s Medical Office Building Partnership | Q                               | 204,320                | Fair Market Value                            |



| Form 990, Schedule R, Part V - Transactions With Related Organizations |                              |                        |  |
|--|------------------------------|------------------------|--|
| (a)<br>Name of related organization                                    | (b)<br>Transaction type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
| (26) General Division Medical Office Building Partnership              | Q                            | 164,863                | Fair Market Value                            |