Form <b>990-T</b>	   F	Extended to Nov Exempt Organization Bus			av Return	ı I	- OMB No 1545-0687
Form 990-1	<b>'</b>	and proxy tax und	ler se	ction 6033(e))	ax neturn	'	0040
£	For cal	tendar year 2018 or other tax year beginning		and ending		_	2018
Department of the Treasury		► Go to www irs.gov/Form990T for in				ŀ	Open to Public Inspection for
A Check box if		Do not enter SSN numbers on this form as it may Name of organization ( Check box if name of			ation is a 50 i(c)(5)	<b>D</b> Empl	oyer identification number
address changed		Name of organization ( Check box is name of	manyeu	and see moductions )			loyees' trust, see uctions )
B Exempt under section	Print	Charleston Area Medical Center, I	nc.			5	5-0526150
x 501(c <b>(1)</b> 3 )	or Type	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions			ated business activity code instructions )
408(e) 220(e)	'ype	P.O. Box 1547					
408A530(a)		City or town, state or province, country, and ZIP of	r foreig	n postal code		C 0.1 F	0.0
C Book value of all assets		Charleston, WV 25326-1547  F Group exemption number (See instructions)	<u> </u>			6215	
at end of year 970,849	506.			501(c) trust	401(a)	trust	Other trust
· -	<del>'</del>	ition's unrelated trades or businesses	6		the only (or first) uni		
trade or business here	▶ Lab	Services		. If only one,	complete Parts I-V.	If more	than one,
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trad	e or
business, then complete						T	
• • •		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation	nt-subs	idiary controlled group?	<b>▶</b> L	Y(	es x No
J The books are in care of				Telenh	one number 🕨 (3	304)	388-7603
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s	38,747,315.			<b>确认法、定数</b> )		CHE LANGE TO THE
<b>b</b> Less returns and allow	wances	28,442,941. c Balance	1c	10,304,374.	語が記述		The state of the
2 Cost of goods sold (S		NN + T	2		MAN IN PLACE		<b>ある。日本においています。</b>
3 Gross profit Subtract		(	3	10,304,374.			10,304,374.
4 a Capital gain net incon	•	-	4a 4b	0.	0-3-6-7 FEE		
c Capital loss deduction		Part II, line 17) (attach Form 4797)	4c		TO SOLIT STATE		
•		ship or an S corporation (attach statement)	5	0.	No DEPOSE		
6 Rent income (Schedu	•	, , ,	6	_			
7 Unrelated debt-finance	ed incor	me (Schedule E)	7				
· · · · · · · · · · · · · · · · · · ·		and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
<ul><li>10 Exploited exempt acti</li><li>11 Advertising income (§</li></ul>	-		11				<u> </u>
12 Other income (See in:		•	12		FACTOR STREET	Tr. (3)	
13 Total, Combine lines			13	10,304,374.	<u> </u>		10,304,374.
		ot Taken Elsewhere (See instructions for					
		utions, deductions must be directly connecte	d with	the unrelated busines	s (ncome )		Y
•	icers, di	rectors, and trustees (Schedule K)	K	CEIVED	ا <u>ر</u>	14	<u> </u>
<ul><li>15 Salaries and wages</li><li>16 Repairs and mainten</li></ul>	ance	1.1		3019	IRS-OSU	16	
17 Bad debts	ianicc	ee instructions)	N	OV 2019	\$ <b>!</b>	17	
18 Interest (attach sche	dule) (s	ee instructions)	1		=	18	
19 Taxes and licenses	. ,	·	4	GDEN, UT		19	61,181.
20 Charitable contributi	ons (Se	e instructions for limitation rules)				20	164,601.
21 Depreciation (attach		•		21			
·	aimed oi	n Schedule A and elsewhere on return		22a		22b	<u> </u>
<ul><li>23 Depletion</li><li>24 Contributions to defi</li></ul>	erred co	maensation nams				23	
25 Employee benefit pro		/ /				25	
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership co	osts (Sc	hedule J)				27	
28 Other deductions (at		•		See Statemen		28	9,480,784.
29 Total deductions. A		•		0 forms had 40		29	9,706,566.
		ncome before net operating loss deduction. Subtractions arising in tax years beginning on or after language.				30 31	597,808.
		loss arising in tax years beginning on or after Janua ncome. Subtract line 31 from line 30	ııy ı,∠L	no (see manuchons)		32	597,808.
52 5/11/0/de0/ 0/13/11/035 (	S.	L.B. L. A. A. M. J. L. A. M. J. L. A. A. M. J. L. A. M		<del></del>		<u> </u>	Form 000 T (2419)

Part I	II Total Unrelated Business Taxable Income		<u>-</u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	640,422.
34	Amounts paid for disallowed fringes	34	840,989.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	1,481,411.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
00	enter the smaller of zero or line 36	38	1,480,411.
Dart I	V Tax Computation		
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	310,886.
39	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	<b>-</b>   33	310,000.
40		► <del></del>	-
	Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions	► 41	<del></del>
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	310,886.
Part \			<del></del>
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		
b		╝.	
	General business credit. Attach Form 3800	┙`	;
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	,
е	Total credits. Add lines 45a through 45d	45	e L
46	Subtract line 45e from line 44	46	310,886.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e) 47	<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)	48	310,886.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018 533, 94	ء . و،	
b	2018 estimated tax payments 50b 420, 64	١٥.	
С	Tax deposited with Form 8868 50c 76,60	8.	•
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	7	'
	Backup withholding (see instructions) 50e	┨ .	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	7.	
	Other credits, adjustments, and payments: Form 2439		
•	Form 4136 Other Total 50g	1.	
51	Total payments Add lines 50a through 50g	51	1,031,197.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 53	<del></del>
54	Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 320, 311. Refunded	<b>■</b> 55	<del></del>
Part V		- 1 00	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		e 7 3
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		- y   - x
			-x
	here		——   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
50	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\)  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my second accompanying schedules.	knowlede	a and hallof it is true
Sian	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	mowieug	s and belief, it is true
Sign	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May the	IRS discuss this return with
Here	11/10/19 EVO/CFO		parer shown below (see
	Signature or officer Date / Title		ons)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	l if P	PTIN
Paid	Rachel Henderson-Pennington Pachet Remote 11/11/2019 self-employed	ed	
Prepa		L	P01499421
Use (	I Complements to the Delay to the Completion of	<b>•</b>	86-1065772
	111 S. Wacker Drive		
	Firm's address Chicago, IL 60606 Phone no.	(312)	486-1000
823711 0	-09-19		Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year				6	
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	ne 6		
3 Cost of labor	3		]	from line 5. Enter here	and in F	Part I,	<u>,                                     </u>	
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				Х_
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	pert	y)
1. Description of property								
(1)						_		
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued				3(a) Deductions directly		ated with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) ar	nd 2(b)	attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ictions)				
			Τ,	2 Gross income from		3 Deductions directly con to debt-finance		
1 Description of debt-fr	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	T	(b) Other deductions (attach schedule)
(1)			1				İ	
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	(	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)		•	I	%		1		
(4)			.]	%				
						nter here and on page 1, Part I line 7, column (A)		Enter here and on page 1, Part I line 7 column (B)
Totals				<b>&gt;</b>	<u> </u>	0		0.
Total dividends-received deductions in	ncluded in column	n 8					$\cdot \mathbb{L}$	0.
<del></del>								Form 990-T (2018)

Form 990-T (2018) Charlest									55-05261			Page 4
Schedule F - Interest,	Annuitie	s, Royal	ties, a					atio	<b>ns</b> (see ins	structio	ns)	
				Exempt (	Controlled O	rganızatı	ons					
Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions) p		4 Tota payn	ryments made inc		5 Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)												
(2)								<b>-</b>		-		
				<b>-</b>								
(3)		<del> </del>						_				
(4) Nonexempt Controlled Organ	uzatione	<u> </u>		J				<u> </u>		1.		
7. Taxable income		inrelated incom	ie (loss)	Q Total	of specified payr	mente I	10 Part of colu	mn Q tha	it is included	11 0	reductions directly	connected
7. Taxable income		see instructions		9.100	made	nents	in the controll		nization's		th income in colum	
(1)	1											
(2)	<del>†</del>											
(3)	<del> </del>											
(4)	<del>                                     </del>		•									
							Add colun Enter here and line 8, (		e 1, Parti A)		Add columns 6 and here and on page line 8, column (B)	1, Part I )
Totals			<del></del>	504/ \/	<b>T)</b> (0)	<u> </u>			0.			0.
Schedule G - Investme		me of a	Section	1 501(c)(	7), (9), or	(17) Or	ganization	)				
·	tructions)	ome			2. Amount of	ıncome	3. Deduction directly connectation (attach schedule)	cted	4. Set-	asides schedule)	5 Total de and set- (col 3 plu	-asides
(1)							(attach sched	iule)	<u> </u>		(cdi 3 più	JS COI 4)
(1)									<del> </del>		+	
(2)			•		-				<del>                                     </del>			
(3)					<u> </u>							
_(4)					Enter here and	00 0200 1					Enter here and	lon page 1
Tatala				_	Part I line 9 co	lumn (A)		, ,	• .	for	Part I, line 9, c	column (B)
Totals  Schedule I - Exploited	Exempt	Activity	Incom	e, Othe	r Than Ac	0.∫ Ivertisi	ng Income	<u> </u>	•		<u>'l</u>	0.
(see instr	ructions)				4 Net incom	10 (100s)			1		1 _	
1 Description of exploited activity	unrelated	Gross   business le from business	directly of with pr of un	penses connected oduction related is income	from unrelated business (cominus colum gain, computi through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	hat ed	6. Exp attribut colur		7. Excess expenses if 6 minus co but not mo column	(column olumn 5, ore than
(1)												
(2)												
(3)	1						· <del></del> ·					
(4)												
	page 1	re and on Part I col (A)	page	re and on 1, Part I col (B)			,	, •		,	Enter her on pag Part II lii	ge 1,
Totals	•	0.		0.		•	5 5 T	•			·	0.
Schedule J - Advertis									-			
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis				•		
1 Name of periodical		2 Gross advertising income	adv	3 Direct ertising costs	or (loss) (c		5. Circula e income		6. Reado		7. Excess reacosts (column column 5 but than column	6 minus not more
(1)								-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1
(2)					7				Ī		<b>7</b>	
(3)			1-		7						1	
(4)											, r	
Totals (carry to Part II, line (5))	•		0.		0.							0.
					-						Form <b>990</b> -	<b>T</b> (2018)

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		4-	· · · · · · · · · · · · · · · · · · ·	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, fine 11, col (8)	· ,		•	Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	0.	0.	, , ,			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 
☐ Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Nama

Employer identification number

55-0526150 Charleston Area Medical Center, Inc. Short-Term Capital Gains and Losses (See instructions.) Part I See instructions for how to figure the amounts to enter on the lines below (g) Adjustments to gain or loss from Form(s) 8949, (h) Gain or (loss) Subtract column (e) from column (d) and This form may be easier to complete if you (sales price) (or other basis) Part I, line 2, column (g) ombine the result with column (g) round off cents to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 1,700. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 1,700. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (9) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (ħ) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) to enter on the lines below (e) Cost This form may be easier to complete if you (sales price) round off cents to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 14,440. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 14,440. 15 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III | Summary of Parts I and II 1,700. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 14,440. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 16,140. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital losses in the instructions

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

Form 990-T	Other Deductions	Statement 1
Description		Amount
Lab Expenses Tax Preparation Fees		9,480,024.
Total to Form 990-T, Page 1,	line 28	9,480,784.

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 1
OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_\_.

Boto www.irs.gov/Form990T for instructions and the latest information.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 50 1(c)(3) Organizations Only

58,529.

Employer identification number Name of the organization Charleston Area Medical Center, Inc. 55-0526150 Unrelated business activity code (see instructions) Describe the unrelated trade or business Maintenance Biomedical Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances 58,529 c Balance ▶ 10 Cost of goods sold (Schedule A, line 7) 2 58,529 58 529 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

58,529,

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	10,387.
16	Repairs and maintenance	16	26,359.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	954.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	3,120,
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 2	28	6,563.
29	Total deductions. Add lines 14 through 28	29	47,383.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	11,146.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	11,146.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Total. Combine lines 3 through 12

Charleston Are	ea Medical Ce	enter, Inc.			55-0526150	. ugo -
Schedule A - Cost of Good	<b>s Sold.</b> Enter n	nethod of inver	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold St	`•		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	<u>'</u>
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b	· <del></del> ·	property produced or a	acquired	I for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			x
Schedule C - Rent Income	(From Real F	Property an	d Personal Property	Lease	ed With Real Prop	erty)
(see instructions)			·			
1. Description of property						
(1)						
(2)					·	
(3)						
(4)			,			
	2 Rent received				3(a) Deductions directly co	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)			<u> </u>			
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	• • • • •	er 🕨		0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	<b>.</b> 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)			
	,		2. Gross income from		Deductions directly connet to debt-financed	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)			1			
(3)						· · · · · · · · · · · · · · · · · · ·
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finance	djusted basis ocable to ced property schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	<u> </u>		
(2)			%			
(3)			%			
(4)	•		%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column (	3	•		<b>•</b>	0.
						Form 990-T (2018)

Form 990-T (M)	Other Deductions	Statement	2
Description		Amount	
Administrative Expenses Tax Preparation Fees		•	803.
Total to Schedule M, Part II,	line 28	6,5	563.

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 2 OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_ and ending \_\_\_\_\_ and the latest information.

Open to Public Inspection for 50 (c)(3) Organizations Only

686,192.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Name of the organization Charleston Area Medical Center Inc. 55-0526150 Unrelated business activity code (see instructions) Pharmacy Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 686,192. 1a Gross receipts or sales 686,192 b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 686,192 686,192. 3 3 Gross profit Subtract line 2 from line 1c 4a 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

12

686,192,

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	42,585.
16	Repairs and maintenance	16	14.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	120.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		_
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	12,793.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See State	ement 3 28	633,743.
29	Total deductions. Add lines 14 through 28	29	689,255.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 fro	m line 13 <b>30</b>	-3,063.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (s	ee	
	instructions)	31	, i
32	Unrelated business taxable income Subtract line 31 from line 30	32	-3,063.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

12

13

Charleston Are	ea Medical (	Center, Inc.			55-0526150	rage 5		
Schedule A - Cost of Good	s <b>Sold.</b> Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Si	7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4á		8 Do the rules of section	263A (\	with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	.34		
5 Total. Add lines 1 through 4b	5		the organization?			X		
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty)		
(see instructions)					**			
1 Description of property								
(1)								
(2)								
(3)								
(4)						<del></del>		
	2 Rent receiv	ed or accrued			3(a) Doductions directly o	onnected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	0.		
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
			2 Gross income from		<ol> <li>Deductions directly connected to debt-finance</li> </ol>			
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)				<u> </u>				
(2)		<del>.</del>						
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)		
Totals			•		0.	0.		
Total dividends-received deductions in	cluded in columi	18			<u> </u>	0.		
						Form 990-T (2018)		

Form 990-T (M)	Other Deductions	Statement 3
Description		Amount
Administrative Expenses Tax Preparation Fees		632,983. 760.
Total to Schedule M, Part II, 15	ine 28	633,743.

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

	Buckey	,
1	OMB No	1545-0687
Н		

Department of the Treasury Internal Revenue Service (99) Name of the organization

For calendar year 2018 or other tax year beginning and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

1441110	Charleston Area Medical Center, Inc	c.		55-0526	150	
	Unrelated business activity code (see instructions) > 900099					
	Describe the unrelated trade or business Parking for Ex	vents	4			_
	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 1,174.					
b	Less returns and allowances c Balance ▶	1c	1,174.	•		<b>.</b>
2	Cost of goods sold (Schedule A, line 7)	2				i
3	Gross profit Subtract line 2 from line 1c	3	1,174.	- 4		1,174.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		* *		
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			• .		
	statement)	5		* * -		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				·
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		· · · · · · · · · · · · · · · · ·		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		• •	·	
<u>13</u>	Total. Combine lines 3 through 12	13	1,174.			1,174.
_	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the				тт	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	26.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				19	
19	Taxes and licenses				20	
20 21	Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)		21		20	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion	•	220		23	
23 24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		See Statemen	t 4	28	3,633.
29	Total deductions. Add lines 14 through 28				29	3,659.
30	Unrelated business taxable income before net operating loss dedu	uction	Subtract line 29 from lin	e 13	30	-2,485.
31	Deduction for net operating loss arising in tax years beginning on o				. 1	·
		_	* '			

LHA For Paperwork Reduction Act Notice, see instructions.

32 Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

· Charleston Area	Medical C	Center, Inc.				55-052615	U			
Schedule A - Cost of Goods	<b>Sold.</b> Enter	method of inven	itory va	luation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6			
2 Purchases	2		7	Cost of goods sold Su	ibtract li	ne 6	_,		_	
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,	`			
4 a Additional section 263A costs			1	line 2			7	}		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to			Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	cquired	for resale) apply to		Ì		1. i.c.
5 Total Add lines 1 through 4b	5		<b>-</b> 4	the organization?	•	,,			_	x
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	d Per	sonal Property	Lease	ed With Real Pro	pert	у)		
Description of property	(			-						
(1)										
(2)										
(3)				-						
(4)										
	2 Rent receiv	ed or accrued							*******	
(a) From personal property (if the percerent for personal property is more than 10% but not more than 50%)	ntage of an	` 'of rent for p	ersonal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	age	3(a) Deductions directli columns 2(a) a				n
(1)	_									
(2)										
(3)										
(4)		***								
Total	0.	Total			0.					
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter			0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	<b>•</b>			0.
Schedule E - Unrelated Debt	-Financed	Income (see	ınstruc	tions)						
-		,		Gross income from		3. Deductions directly conto debt-finan			le	
1. Description of debt-finan	eced property		,	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sch		s
(1)			1				1			
(2)				-						
(3)										
(4)	-									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Altocable (column 6 x tot 3(a) and	al of col	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
			<del></del>	-		nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I line 7, c		
Totals				▶		(	o.			0.
Total dividends-received deductions incli	ided in column	1 8			·	<u> </u>	-			0.
				<del></del>				Form	agn.T	(2018)

Form 990-T (M)	Other Deductions	Statement 4
Description		Amount
Administrative Expenses Tax Preparation Fees		2,873. 760.
Total to Schedule M, Part II, 1	ine 28	3,633.

Department of the Treasury

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

	Entity	5
l	OMB No	1545-0687

2018

For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Employer identification number Name of the organization Charleston Area Medical Center Inc. 55-0526150 Unrelated business activity code (see instructions) Describe the unrelated trade or business Infusion Therapy Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 2 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 -169,929 -169,929. statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled A organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 -169,929.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

-169,929

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Stateme	ent 5 <b>28</b>	1,140.
29	Total deductions. Add lines 14 through 28	29	1,140.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from	line 13 <b>30</b>	-171,069.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-171,069.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Total. Combine lines 3 through 12

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Tax Preparation Fees	,	1,140.
Total to Schedule M, Part	II, line 28	1,140.

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 6
OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning \_\_\_\_\_\_, and ending \_\_\_\_\_\_, and ending \_\_\_\_\_\_.

• Go to www.irs.gov/Form990T for instructions and the latest information.

Charleston Area Medical Center, Inc.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

55-0526150

	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales				+	
	Less returns and allowances c Balance	1 <sub>c</sub>				, Te
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3		· · · -		· · ·
	Capital gain net income (attach Schedule D)	4a	16,140.	-		16,140
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
	Capital loss deduction for trusts	4c		•		
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	21,545.	, '		21,545
6	Rent income (Schedule C)	6			Ì	
7	Unrelated debt-financed income (Schedule E)	7	·			
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		٠ _ ١		
13	Total. Combine lines 3 through 12	13	37,685.			37,685
Pa	till Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				cept f	or contributions,
		unrela	ted business incom	ie )		
14	Compensation of officers, directors, and trustees (Schedule K)	unreia	ted business incom	ie j	14	
15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	unreia	ted business incom	ie j	15	
15 16	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance	unreia	ted business incom	ie )	15 16	
15 16 17	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts	unreia	ted business incom	ie )	15 16 17	
15 16 17 18	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions)	unreia	ted business incom	ie j	15 16 17 18	2 797
15 16 17 18 19	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses	unreia	ted business incom	е ј	15 16 17 18 19	2,797
15 16 17 18 19 20	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)	unreia	1 1	ie j	15 16 17 18	2,797
15 16 17 18 19 20 21	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)		21	ie j	15 16 17 18 19 20	2,797
15 16 17 18 19 20 21 22	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		1 1	ie j	15 16 17 18 19 20 	2,797
15 16 17 18 19 20 21 22 23	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion		21	ne j	15 16 17 18 19 20 22b 23	2,797
15 16 17 18 19 20 21 22	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21	ne j	15 16 17 18 19 20 	2,797

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

3,420.

6,217.

31,468.

31,468.

27

28

29

31

instructions)

27

28

29

30

31

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

See Statement 6

Form 990-T (M)	Other Deductions	Statement	6
Description		Amount	
Tax Preparation Fees		3,4	420.
Total to Schedule M, Part	II, line 28	3,4	420.

Department of the Treasury Internal Revenue Service

### Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

Charleston Area Medical Center, Inc. 55-0526150 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099·B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) loss If you enter an amount Proceeds Date sold or Cost or other Gain or (loss). Description of property Date acquired in column (g), enter a code in column (f). See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) see Column (e) ın combine the result Amount of adjustment Code(s) the instructions with column (g) 1,117. Form 6781 Part I 515. Ironwood Partners L.P. 68. Archstone Partners, L.P. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

Charleston Area Medical Center, Inc.

55-0526150

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions, see page 1

Note You may aggregate all long term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949 page 2 for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Leng terms transactions are posted on Form(s) 1000 B, showing basis was reported to the IRS (see Note a phase).

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of see Column (e) ın combine the result Code(s) with column (g) the instructions adjustment 1,675. Form 6781, Part I Ironwood Partners L.P. 12,801. Archstone Partners, L.P. <36. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

14,440.

above is checked), or line 10 (if Box F above is checked)