بعيدا م		Extende	ed to Nove	embe	r 16, 2	020	2	9393	U S	007	910
990-T	<u></u>	Exempt Organiz	ation Bus	ine	ss Incor	me T	ax	Return	L	OMB No	1545-0047
	-	(and _l	proxy tax unde	er se	ction 6033	(e)) [.]	10	1		00	140
	Force	alendar year 2019 or other tax year beg	inning		and end	ing		110		ZU	119
artment of the Tre	easury	•	gov/Form990T for in:						-	Open to Publ	lic Inspection for
rnal Revenue Sen		Do not enter SSN numbers on	· - · · · · · · · · · · · · · · · · · ·				ation i	s a 501(c)(3)		501(c)(3) Orga oyer identifica	anizations Only
Check bo address		Name of organization (Check box if name ch	hanged	and see instruc	tions.)			(Empl	oyees' trust, ctions)	
Exempt under	section Print	Charleston Area Medi	cal Center, I	nc.						55-0526	
∑ 501(c () 3) or Type	Number, street, and room or s	suite no. If a P.O. box	k, see in	structions					ated business nstructions)	s activity code
408(e)	220(8)	P.O. BOX 1547									
408A 529(a)	530(a)	City or town, state or province Charleston WV 2532		toreigi	n postai code				62150	00	
Book value of all a	ssets (F Group exemption number (S		>				······			
at end of year	75,285,610.	· · · · · · · · · · · · · · · · · · ·		oration	501	(c) trust		401(a)	trust		Other trust
	•	ation's unrelated trades or busin		5		Describe	the or	ıly (or fırst) un	related		
rade or busine	ss here 🕨 Lab	and Infusion Therapy	Services		If	only one,	, comp	lete Parts I-V	If more	than one,	
describe the fire	st in the blank sp	ace at the end of the previous se	ntence, complete Pa	rts I an	d II, complete a	Schedule	M for	each additiona	al trade	or	
	complete Parts II				d , 14 :					_ [N-
•		poration a subsidiary in an affilia		ıt-subsı	alary controlled	group?		•	Ye	s X	NO
		ntifying number of the parent cor Jeff Sandene	poration -			Telenh	one ni	ımber 🕨 (:	304)	388-760	3
		de or Business Incom	e		(A) Inco		1	(B) Expenses			C) Net
a Gross recei		30,121,324.			. ,		1,41.	1.7.4.M	15 A	18 . T. 18	海影响
·-	and allowances	21,979,405. cl	Balance	1 c	8,14	1,919.	3	e v Filter	To L	A Christian	
Cost of goo	ds sold (Schedul	e A, line 7)	70	2			_	のまないない		200	<u> </u>
•	Subtract line 2	Yef N	مسلب	3	8,14	1,919.	2.34		1	8	,141,919.
	net income (atta			4a			27.74	Alexander of the second	700		
		Part II, line 17) (attach Form 479	(7)	4b			1	40,7 m 500	edes Milit		
4-	deduction for true	rship or an S corporation (attach	statement)	4c 5	- 7	2,462.	3.5	1.50	enscript M. M. M.		72,462.
-	e (Schedule C)	iship or all 5 corporation (attach	statement)	6		,		RECE	:1\/!	- D	1
~	•	ome (Schedule E)		7			Г	10	2		2
		and rents from a controlled organ	nization (Schedule F)	8		_	8	NOV &	A) 20		
Investment	income of a sect	ion 501(c)(7), (9), or (17) organi	zation (Schedule G)	9			B	1101 6	٠- کو	20 0	
•	•	ome (Schedule I)		10			<u> </u>	OGDE			-
-	income (Schedu	•		11	/	<u> </u>	<u> </u>			01	
	ie (See instructions) Ibine lines 3 thro	ons; attach schedule)		12/	8 06	9,457.		はい は 海 かまなし	34086	8	,069,457.
Total, Com Part II. De	ductions N	ot Taken Elsewhere (See instructions &								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(De	ductions must	be directly connected with the	ne unrelated busin	ess inc	come) .	,					
Compensa	tion of officers, c	firectors, and trustees (Schedule	K)						14		
Salaries ar	d wages	1 1 th							15		
Repairs an	d maintenance	بيشر الم							16		
Bad debts									17		
•		see instructions)							18		127,628.
Taxes and		4553)			1	20			19		127,020.
•	on (attach Form 4	on Schedule A and elsewhere on	return		F	20 21a	-		21b		
Depletion	Clation Clatifica (on ochedule ryana elsewhere on	Totalii		عا				22		
•	ons to deferred c	ompepsation plans							23		
	benefit programs								24		
	mpt expenses								25		
	dership costs (S				_				26		105 5
	ictions (attach so				See S	tateme	nt 1		27		492,829.
	ictrons Add line			4 l.a - 61	0 f lo 40				28 29	7	449,000.
		income before net operating loss							29		447,000.
(see instru		loss arising in tax years beginni	ng on or arret Janual	ıy 1, 2L		tateme	nt 2		30		171,069.
<i>_</i> .		income Subtract line 30 from li	ne 29		And	- 1		ţ	- B1		277,931.
Unrelated					רישנון ר						

Form 990	-T(2019) Charleston Area Medical Center, Inc.		55-	0526150	F	ege 2
Part	III Total Unrelated Business Taxable Income					
· 32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions))	- (32	4	03,1	125.
33	Amounts paid for disallowed fringes	. 1	<u>\$3</u>			
34	Charitable contributions (see instructions for limitation rules)	y	84 35		<u> </u>	213.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 a	nd 35		3	62,5	12.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	· _		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1	37	3	62,9	12.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38		1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	. 1				
	enter the smaller of zero or line 37	<u> 11</u>	39	3	61,5	12.
Part	IV Tax Computation					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	,	76,0	02.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	•				
	Tax rate schedule or Schedule D (Form 1041)		41			
42	Proxy tax. See instructions		42			
43	Alternative minimum tax (trusts only)		43			
	Tax on Noncompliant Facility Income. See instructions		44			
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	-45		76,0	002.
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 46a 46b					
b	Other credits (see instructions) 46b]]			
	General business credit. Attach Form 3800		1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		1 1			
_	Total credits. Add lines 46a through 46d		46e			
_	Subtract line 46e from line 45		47		76,0	02.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach se	(aluber	48			
	Total tax. Add lines 47 and 48 (see instructions)	4	49		76.0	02.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	,	50			0.
		311.				<u></u>
		,731.	1 1			
	Tax deposited with Form 8868	,	1			
	Foreign organizations; Tax paid or withheld at source (see instructions) 516		1			
	,		┪ ┃			
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 516 517		1			
			1 1			
9						
50			ا به ا	R.	14,0	142
	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		,	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached \(\subseteq \textbf{X} \) Tax due . If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				_	
		2	54	7/	8.0	40
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 568,040. Refunded		55		0,0	
Part		_	1 20 1		,,,,	00.
				—т.		
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			- Y	<u> 88</u>	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			- 1	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ľ	- 1	v
	here >				-	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			-	\dashv	<u>x</u>
	If "Yes," see instructions for other forms the organization may have to file.			1	ł	
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalbes of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	knowdo	den and belie	f it in true	_1.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	KIJOWIG	oge and belle	ı, ıt is 0'de,		
Here	1 M/a le 1/4/1/2 and must remain assessment		•	scuss this retu		n
	Supplied to Officer Supplied to Officer Title			own below (se	90	
	Signature of officer Date Title		structions)?	X Yes		No
	Print/Type preparer's name Preparer's signature Date Check		f PTIN			
Paid	arer Rachel Henderson-Pennington Ruchelt Penus 11/4/2020 self-em	oloyed	_	:		
Prep	arer Rachel Henderson-Pennington			99421		
Use (Only Firm's name Deloitte Tax LLP Firm's	<u> </u>	86-	-1065772		
	111 S. Wacker Drive					
	Firm's address Chicago, IL 60606 Phone	10. (312) 48			
022711 0	1 97 98		_	QQA	.T 🗠	040

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	г	6		
2 Purchases	2		7 Cost of goods sold Su	ubtract line 6	[]		
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2		_ 7		
(attach schedule)	4a	8 Do the rules of section 263A (with resp				Yes	No
Other costs (attach schedule)	4b		property produced or a	ecquired for resale) apply to			_
5 Total Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (From Real	Property and	l Personal Property L	eased With Real P	ropert	y)	
(see instructions)							
1 Description of property							
(1)							
(2)				· · · · · · · · · · · · · · · · · · ·			
(3)							
(4)							
		ed or accrued		3(a) Deductions di	rectly conr	nected with the income	m
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the percentar personal property exceeds 50% or if nt is based on profit or income)	ge columns :	2(a) and 2(t	o) (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		eter •		(b) Total deduction Enter here and on pag Part I line 6 column (E	e 1		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			·	
			2 Gross income from	3 Deductions directly to debt-	y connecte		
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	'n	(b) Other deduction (attach schedule	
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1 Part I, line 7 column (A)		Enter here and on pa Part I line 7 column	
Totals			.		0.		0.
Total dividends-received deductions in	ncluded in columi	n 8			•	 	0.

			Exem	ot Controlled C	rganizatio	ons				
1 Name of controlled organizat	tion	2 Emp identific numi	ation (loss)	unrelated income (see instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		ling	6. Deductions directly connected with income in column 5
(1)										
2)										
(3)								· ·		
							-			
(4) Ionexempt Controlled Organi	zations				'		L		<u> </u>	
	7				. 1	48. 8. 4. 4. 4.			44 6 1	
7. Taxable Income		nrelated incom ee instructions		otal of specified pay made	ments	10 Part of colur in the controlli gross	nn 9 fhat is ng organiza s income	included tion's		uctions directly connected ncome in column 10
(1)										
(2)										
(3)										
(4)										
			A			Enter here and	on page 1,		Enter he	I columns 6 and 11 re and on page 1, Part I ine 8, column (B)
otals					<u>▶</u>			0.		0
Schedule G - Investme	nt Incon	ne of a S	ection 501(c)(7), (9), or (17) Org	anization				
(see inst	ructions)									
1. Desc	cription of incor	me		2. Amount o	Income	3 Deduction directly conne (attach sched	cted	4 Set-as		5 Total deductions and set-asides (col 3 plus col 4)
(1)						· · · · · ·				
							 			
(2)				+			 			
(3)							 			
(4)										
				Fnter here and Part I line 9 or		45 -		i i iuk	M por	Enter here and on page Part I line 9 column (B)
					,,,,,,			-	, ,	
Totals				>	0.	o *		,	••	0
Schedule I - Exploited (see instru	-	Activity	Income, Oth	er Than Ad	vertisin	g Income				
1 Description of exploited activity	1	e from	3 Expenses directly connected with production of unrelated business income	4 Net incor from unrelate business (cominus colum gain compu through	d trade or olumn 2 in 3) If a te cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exper attributab column	le to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)	1									1
	1									
(2)	+			+			+			
(3)	ļ									
(4)	Enter her page 1 line 10	Part !	Enter here and on page 1, Part I, line 10, col. (B)	,,	L	-		•	•	Enter here and on page 1 Part II line 25
Totals •		0.		0.						· 0
Schedule J - Advertisi	ng Incon	ne (see 11	nstructions)							
Part I Income From	Periodic	als Repo	orted on a Co	nsolidated	Basis					
			3 Direct	or (loss) (d	tising gain tol 2 minus gain, compute	5 Circulat		6 Readers	ship	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
1 Name of periodical		2 Gross advertising income	advertising co	cols 5 i	inough 7	1				11.27.00.011117
(1)		advertising			•	,				ta ver favorenter a fa
(1) (2)		advertising		cots 5 t	•	,				
(1)		advertising		cots 5 t	•	,				
(1) (2) (3)		advertising		cots 5 t	•	,				
(1)		advertising		cots 5 t	•					raiges fuzings er a

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

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 (2019)

Form 990-T	1	Other Deduction	Other Deductions		
Descriptio	n			Amount	
Lab Expens Tax Prepar	es ation Fees			7,490,566 2,263	
Total to F	orm 990-T, Page 1,	line 27		7,492,829	
Form 990-T	. Net	Operating Loss D	eduction	Statement 2	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
Tax Year 12/31/18	Loss Sustained	Previously			

Form 990-T	Contributions	Statement 3
Description/Kind of Property	Method Used to Determine FMV	Amount
Cash Only	N/A	430,363.
Total to Form 990-T, Page 2, 1	ine 34	430,363.

Form 990-T	Contributions Sur	mmary	Statement	4
	Contributions Subject to 100% Lin Contributions Subject to 25% Lin			
For Tax For Tax For Tax For Tax	of Prior Years Unused Contribution Year 2014 1,085,7 Year 2015 729,5 Year 2016 1,254,5 Year 2017 1,129,7 Year 2018 558,2	793 513 548 722		
Total Carr Total Curr	ryover cent Year 10% Contributions	4,757,781 430,363		
	cributions Available ncome Limitation as Adjusted	5,188,144 40,213	_	
Excess 100	ntributions)% Contributions ess Contributions	5,147,931 0 5,147,931	_	
Allowable	Contributions Deduction		40,	213
Total Cont	cribution Deduction		40,	213

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entit	у 1
	OMB No 1545-0047
	• •

For calendar year 2019 or other tax year beginning

, and ending

____ | 201

Department of the Treasury Internal Revenue Service ▶ 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 501(c)(3) Organizations Only

Name of the organization Charleston Area Medical Center In	55-0526150	number		
Unrelated Business Activity Code (see instructions) 811000 Describe the unrelated trade or business Maintenance B		cal		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 32,202. b Less returns and allowances c Balance ▶	1c	32,202.		``.
Cost of goods sold (Schedule A, line 7)Gross profit Subtract line 2 from line 1c	3	32,202.		32,202.
 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 	4a 4b		, ,	
 c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach 	4c			
statement) 6 Rent income (Schedule C)	6		* *.	
 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled 	7			
organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8			
10 Exploited exempt activity income (Schedule I)	10			
 Advertising income (Schedule J) Other income (See instructions, attach schedule) Total, Combine lines 3 through 12 	11 12 13	32,202.		32,202.
13 Total, Combine lines 3 through 12	1 13 1	**,**-*		,

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	9,347.
16	Repairs and maintenance		16	1,912.
17	Bad debts		17	· · · · ·
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	2,687.
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion	•	22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	2,571.
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	See Statement 5	27	5,561.
28	Total deductions. Add lines 14 through 27		28	22,078.
29	Unrelated business taxable income before net operating loss deduction. Subtra	ct line 28 from line 13	29	10,124.
30	Deduction for net operating loss arising in tax years beginning on or after Janua	ry 1, 2018 (see		
	instructions)		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		31	10,124.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Administrative Expenses Tax Preparation Fees		4,656. 905.
Total to Schedule M, Part II, 1	ine 27	5,561.

Form 990-T (2019)			,			Page 3
. Charleston Are					55-052615	50
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A			
 Inventory at beginning of year 	1		6 Inventory at end of yea	r	<u></u>	6
2 Purchases	2		7 Cost of goods sold Su	ubtract I	ine 6	`
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4 a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	263A (v	with 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?		<u>-</u>	Х
Schedule C - Rent Income (From Real	Property and	Personal Property L	ease	d With Real Prope	rty)
(see instructions)						
1 Description of property						
(1)						
(2)						
(3)						
(4)						
	2 Rent receiv	ed or accrued				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ind personal property (if the percentage rersonal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly columns 2(a) and	onnected with the income in 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 Deb	t-Financed	Income (see	instructions)		1	
		·	2 Gross income from		3. Deductions directly conne	
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)					*****	
(4)						
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or debt-fina	e adjusted basis affocable to inced property h 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 day day day and a second day day day		. 0				0

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entity		2
	OMB No	1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

► 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

Employer identification number

	Charleston Area Medical Center, In-	С.		55-0526	150	
	Inrelated Business Activity Code (see instructions) 446110					
Ε	escribe the unrelated trade or business Pharmacy					
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 714,275.					1 ,, 1
b	Less returns and allowances c Balance ▶	1c	714,275.			• •
2	Cost of goods sold (Schedule A, line 7)	2			$-\!\!\!+\!\!\!\!-$	
3	Gross profit Subtract line 2 from line 1c	3	714,275.			714,275
	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	4c			$-\!\!\!+$	· ··· - · · · · · · · · · · · · · · · ·
5	Income (loss) from a partnership or an S corporation (attach			•	1	
	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			\bot	
12	Other income (See instructions, attach schedule)	12			<u></u>	
13	Total. Combine lines 3 through 12	13	714,275.		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	714,275
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)			uctions.) (Ded	uction	s must be
15	Salaries and wages			Ī	15	35,562
16	Repairs and maintenance			Ì	16	······································
17	Bad debts			Ī	17	
18	Interest (attach schedule) (see instructions)			Ī	18	
19	Taxes and licenses				19	15,717
20	Depreciation (attach Form 4562)		20		-	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion		<u> </u>		22	
23	Contributions to deferred compensation plans			Ī	23	
24	Employee benefit programs			Ī	24	9,783
25	Excess exempt expenses (Schedule I)			ļ	25	· · · · · · · · · · · · · · · · · · ·
26	Excess readership costs (Schedule J)			Ţ	26	
27	Other deductions (attach schedule)		See Statement	: 6	27	589,665

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

28

29

30

650,727.

63,548.

3,063.

60,485.

instructions)

30

Stmt 7

Form 990-T	(M)	Other Deduct:	ions	Statement 6
Description				Amount
Administrat Tax Prepara	ive Expenses tion Fees			588,760. 905.
Total to Sc	hedule M, Part II,	, line 27		589,665.
Schedule M	Net	Operating Loss	Deduction	Statement 7
Schedule M	Net Loss Sustained	Operating Loss Loss Previously Applied	Deduction Loss Remaining	Statement 7 Available This Year
		Loss Previously	Loss	Available

Form 990-T (2019)			•				Page 3	
· Charleston Are					55-05261	.50		
Schedule A - Cost of Goods	Sold. Enter	method of inven	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ìr	1-	6		
2 Purchases	2		7 Cost of goods sold Si	ubtract I	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes No	
 Other costs (attach schedule) 	4b		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?				Х	
Schedule C - Rent Income (From Real	Property and	l Personal Property L	.ease	d With Real Prop	erty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)	2 Rentreceiv	red or accrued			1			
(a) From personal property (if the perc			and personal property (if the percenta	ine	3(a) Deductions directly	connected with the i	ncome in	
rent for personal property is more 10% but not more than 50%)	than	` of rent for p	personal property exceeds 50% or fi nt is based on profit or income)		columns 2(a) an	nd 2(b) (attach schedu	ıle)	
(1)								
(2)		<u> </u>						
(3)								
(4)								
Total	0.	Total		0.	.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1 Part I line 6 column (B)	.	0.	
Schedule E - Unrelated Deb		Income (see	instructions)	<u> </u>	,		<u>-</u>	
		· · · · · · · · · · · · · · · · · · ·		T	3. Deductions directly conf		ble	
			2 Gross income from or allocable to debt-	(2)	to debt-financ		(b) Other deductions	
Description of debt-fir	nanced property		financed property	(",	(attach schedule)	(attach so		
						_		
(1)								
(2)			· · · · · · · · · · · · · · · · · · ·	 				
(4)				-				
4 Amount of average acquisition	E Average	adjusted basis	6. Column 4 divided	 	7 Gross income	9 Allocabil	e deductions	
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to anced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x to	otal of columns nd 3(b))	
(1)			%	†		+		
(2)			%					
(3)			%					
(4)			%					
, ,					nter here and on page 1 Part I line 7 column (A)	Enter here an Part I, line 7,	. •	
Tatala					0		0.	
Totals Total dividends-received deductions in	ncluded in colum	n 8			•	.	0,	
, J.C. giridelias rescitor deductions in	0010111	-				1		

Unrelated Business Taxable Income from an Unrelated Trade or Business

ntit	У	3
	OMB No	1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 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).

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

Charleston Anna Madreal Contan Inc	26150	
Charleston Area Medical Center, Inc. 55-05		
Unrelated Business Activity Code (see instructions) 812930		
Describe the unrelated trade or business Parking for Events		
Part I Unrelated Trade or Business Income (A) Income (B) Expense	es	(C) Net
1a Gross receipts or sales 18,674.		
b Less returns and allowances c Balance ▶ 1c 18,674.		
2 Cost of goods sold (Schedule A, line 7)		. [
3 Gross profit Subtract line 2 from line 1c 3 18,674.		18,674.
4 a 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 4c 4c		
5 Income (loss) from a partnership or an S corporation (attach		
statement) 5	Ŧ '	
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)		
9 Investment income of a section 501(c)(7), (9), or (17)		
organization (Schedule G)		
10 Exploited exempt activity income (Schedule I) 10		
11 Advertising income (Schedule J)		
12 Other income (See instructions, attach schedule)		
13 Total. Combine lines 3 through 12 13 18,674.		18,674.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions on deductions) (Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	ductions	must be
14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	891.
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	590.
19 Taxes and licenses	19	330.
20 Depreciation (attach Form 4562)		
21 Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
Employee benefit programs	24	.
25 Excess exempt expenses (Schedule I)	26	
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) See Statement 8	27	15,675.
Other deductions (attach scriedule)	28	17,156.
 Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 	29	1,518.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

1,518.

30

Stmt 9

30

Form 990-T	(M)	Other Deduct:	ions	Statement 8
Descriptio	n			Amount
	— tive Expenses ation Fees			14,770. 905.
Total to S	Schedule M, Part II	, line 27		15,675.
Schedule M	I Net	Operating Loss	Deduction	Statement 9
	I a a a Guatainad	Loss Previously Applied	Loss Remaining	Available This Year
Tax Year	Loss Sustained	Appiled		Inits lear
Tax Year 12/31/18	2,485.		2,485.	2,485.

Entity Form 990-T (2019) Page 3 Charleston Area Medical Center, Inc. 55-0526150 Schedule A - Cost of Goods Sold. Enter method of inventory valuation 6 Inventory at beginning of year 6 Inventory at end of year Purchases 7 Cost of goods sold Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I, 3 4 a Additional section 263A costs Yes No (attach schedule) 4a 8 Do the rules of section 263A (with respect to **b** Other costs (attach schedule) 4b property produced or acquired for resale) apply to Х Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2)(3) (4) Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) the rent is based on profit or income) (1) (2)(3) (4)0. Total Total (b) Total deductions (c) Total income Add totals of columns 2(a) and 2(b). Enter Enter here and on page Part 1 line 6 column (B) here and on page 1, Part I, line 6, column (A) 0 Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(a) Straight line depreciation (b) Other deductions (attach schedule) 1 Description of debt-financed property financed property (1) (2) (3) (4) Average adjusted basis of or allocable to 7 Gross income 8 Altocable deductions 4 Amount of average acquisition debt on or allocable to debt-financed Column 4 divided reportable (column 2 x column 6) by column 5 (column 6 x total of columns debt-financed property property (attach schedule) 3(a) and 3(b)) (attach schedule) (1) % (2) % (3) % (4) % Enter here and on page 1, Enter here and on page 1 Part I line 7 column (A) Part I line 7 column (B) 0. Totals

Form 990-T (2019)

0.

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entity		ь
	OMB No	1545-0047

2019

Department of the Treasury Internal Revenue Service

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

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

interna	Do not enter SSN numbers on this form as it	may be	made public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Of	nly
Name	of the organization Charleston Area Medical Center, In	c.		Employer identifi 55-05261		
$\overline{}$	Inrelated Business Activity Code (see instructions) > 523000		<u> </u>			
	Describe the unrelated trade or business Passthrough I	nvestm	nents			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales				- '	
	Less returns and allowances c Balance	1c		•		`
2	Cost of goods sold (Schedule A, line 7)	2			•	
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a	5,805.	*	5,80	05.
ь	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	67,147.	· · ·	67,14	47.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	1 1				
	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		,	,	
13	Total Combine lines 3 through 12	13	72,952.		72,95	52.
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			uctions.) (Deduc	ctions must be	
14	Compensation of officers, directors, and trustees (Schedule K)			<u>_</u> 1	14	
15	Salaries and wages			<u> </u>	15	
16	Repairs and maintenance			<u></u>	16	
17	Bad debts			<u> </u>	17	
18	Interest (attach schedule) (see instructions)			<u></u> ⊢	18	
19	Taxes and licenses		1 1	<u>_</u>	19 14,2	94.
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		:1b	
22	Depletion			<u> </u>	22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		Con Chahaman	—	26	72
27	Other deductions (attach schedule)		See Statement	 -	27 4,0	
28	Total deductions Add lines 14 through 27				28 18,30	
29	Unrelated business taxable income before net operating loss dedu			13 2	29 54,50	٥٥.
30	Deduction for net operating loss arising in tax years beginning on o	or after .	January 1, 2018 (see	-		٥.
	instructions)			1 3	30	٠.

LHA For Paperwork Reduction Act Notice, see instructions.

31 Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

Form 990-T (M)	Other Deductions	Statement 10
Description		Amount
Tax Preparation Fees		4,073.
Total to Schedule M, Part II	, line 27	4,073.

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

Name

Employer identification number

Charleston Area Medical Cer	nter Inc.			55-	0526150
Did the corporation dispose of any investme	ent(s) in a qualified opportur	nity fund during the tax v	rear?	'	Yes X No
If "Yes," attach Form 8949 and see its instru		, ,			
Part I Short-Term Capital Ga			gam, or loos		
See instructions for how to figure the amounts	1				
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2 column (g)	combine the result with column (g)
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					
Form(s) 8949 with Box C checked					5,138.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kir				5	
6 Unused capital loss carryover (attach compu	-			6	(
7 Net short-term capital gain or (loss) Combin	•	ı h		7	5,138.
Part II Long-Term Capital Ga					··
See instructions for how to figure the amounts		1			1
to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2 column (g	19.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
to enter on the lines below This form may be easier to complete if you	Proceeds (sales price)	(e) Costs (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b Totals for all transactions reported on	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b 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	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b. 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	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and combine the result with column (g)
to enter on the lines below This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	19.	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you 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 line 8b 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 Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	Proceeds (sales price)	(or other basis)	or loss from Form(s) 894	11	column (e) from column (d) and combine the result with column (g)
to enter on the lines below This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked.	Proceeds (sales price)	(or other basis)	or loss from Form(s) 894	11 12	column (e) from column (d) and combine the result with column (g)
to enter on the lines below This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box E checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-king.	Proceeds (sales price) s from Form 6252, line 26 or 3	(or other basis)	or loss from Form(s) 894	11 12 13	column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-king.	s from Form 6252, line 26 or 3 dexchanges from Form 8824	(or other basis)	or loss from Form(s) 894	11 12 13 14	column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-kir. 14 Capital gain distributions.	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 he lines 8a through 14 in column	(or other basis)	or loss from Form(s) 894	11 12 13	column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-king.	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 he lines 8a through 14 in column	(or other basis)	or loss from Form(s) 894	11 12 13 14	column (e) from column (d) and combine the result with column (g) 667.
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-kir. 14 Capital gain distributions.	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 lines 8a through 14 in columed II	(or other basis)	or loss from Form(s) 894	11 12 13 14	column (e) from column (d) and combine the result with column (g) 667.
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-kii. 14 Capital gain distributions. 15 Net long-term capital gain or (loss). Combin Part III. Summary of Parts I an	s from Form 6252, line 26 or 3 and exchanges from Form 8824 the lines 8a through 14 in column d II	(or other basis) 7 In h al loss (line 15)	or loss from Form(s) 894 Parl II, line 2 column (s	11 12 13 14 15	column (e) from column (d) and combine the result with column (g) 667. 5,138.
This form may be easier to complete if you 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 line 8b. 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 Form(s) 8949 with Box F checked. 11 Enter gain from Form 4797, line 7 or 9. 12 Long-term capital gain from installment sale. 13 Long-term capital gain or (loss) from like-king. 14 Capital gain distributions. 15 Net long-term capital gain or (loss). Combin Part III. Summary of Parts I an. 16 Enter excess of net short-term capital gain (loss).	s from Form 6252, line 26 or 3 and exchanges from Form 8824 the lines 8a through 14 in column of 18 the column of 18 the column capital gain (line 15) over net long-term capital gain (line 15) over	(or other basis) 7 In h al loss (line 15) t short-term capital loss (line 15)	or loss from Form(s) 894 Parl II, line 2 column (s	111 12 13 14 15	column (e) from column (d) and combine the result with column (g) 667.

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

Schedule D (Form 1120) 2019

Form **8949**

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

2019

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

						taxpayer	gentification no.	
Charleston Area Medical Center, Inc.						55-0	55-0526150	
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	elow, see whether nation as Form 109	you received any	Form(s) 1099-B how whether you	or substitute staterr ir basis (usually you	ent(s) from y r cost) was re	our broker A su eported to the IF	bstitute IS by your	
Part I Short-Term. Transact		al assets you held	1 year or less are or	enerally short term (see	instructions)	For long-term		
transactions, see page 2 Note: You may aggregate codes are required. Enter the	all short term transac	tions reported on f	om(s) 1099-B show	ving basis was reporte	ed to the IRS ar	nd for which no ac		
You must check Box A, B, or C below								
If you have more short-term transactions than v	. •				-			
(A) Short-term transactions r	eported on Form(s	s) 1099-B showin	g basis was repo	rted to the IRS (see	Note above	e)		
(B) Short-term transactions r	eported on Form(s	s) 1099 B showin	g basis wasn't r	eported to the IRS				
X (C) Short-term transactions r	not reported to you	u on Form 1099-l	3					
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or (h)			
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss If you enter an amount in column (g), enter a code in		Gain or (loss).	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f)	See instructions	Subtract column (e)	
	1, , , , , , ,	(Mo, day, yr)		Note below and	16)	(g)	from column (d) &	
				see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)	
Form 6781, Part I							205.	
Ironwood Partners L.P.							4,933.	
							1	
			·					
				<u> </u>				
2 Totals. Add the amounts in col	umns (d), (e), (g), a	nd (h) (subtract						
negative amounts) Enter each				-				
Schedule D, line 1b (if Box A al				1				
above is checked), or line 3 (if					5,138.			

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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

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** (2019)

923012 12-11-19

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

667.