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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
Charleston Area Medical Center Inc  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 1547  
  
City or town, state or province, country, and ZIP or foreign postal code  
Charleston, WV 253261547  
  
F Name and address of principal officer:  
Jeff Sandene  
501 Morris Street  
Charleston, WV 25301

D Employer identification number  
  
55-0526150  
  
E Telephone number  
  
(304) 388-7603  
  
G Gross receipts \$ 1,404,048,307

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527  
J Website: ▶ [www.camc.org](http://www.camc.org)

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶  
L Year of formation: 1971  
M State of legal domicile:  
WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
Striving to provide the best healthcare to every patient, every day.CAMC owns and operates four separately-licensed hospitals as a tertiary-care teaching hospital designed to provide care for community residents through every stage of life. CAMC patients depend on CAMC to provide convenient and compassionate care delivered regardless of a patient's ability to pay.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9,222
6 Total number of volunteers (estimate if necessary)	6	290
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,907,071
b Net unrelated business taxable income from Form 990-T, line 39	7b	361,912

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,076,490	4,793,440
9 Program service revenue (Part VIII, line 2g)	1,164,983,303	1,258,240,744
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	13,963,443	8,777,604
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,860,179	1,585,901
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,184,883,415	1,273,397,689

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	1,125,582	2,086,666
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	569,211,300	608,649,790
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶385,624		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	582,147,053	621,857,724
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,152,483,935	1,232,594,180
19 Revenue less expenses. Subtract line 18 from line 12	32,399,480	40,803,509

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	970,849,506	1,075,285,610
21 Total liabilities (Part X, line 26)	575,311,355	611,867,356
22 Net assets or fund balances. Subtract line 21 from line 20	395,538,151	463,418,254

Part II Signature Block

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

Sign Here

Signature of officer

2020-11-06  
Date

Jeff Sandene Chief Financial Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01499421
Firm's name ▶ Deloitte Tax LLP	Firm's EIN ▶ 86-1065772			
Firm's address ▶ 111 S Wacker Drive Chicago, IL 60606	Phone no. (312) 486-1000			

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

<b>4a</b>	(Code: ) (Expenses \$ 769,171,668 including grants of \$ 72,879 ) (Revenue \$ 1,259,430,349 )
	See Additional Data

<b>4b</b>	(Code: ) (Expenses \$ 39,349,898 including grants of \$ 1,830,466 ) (Revenue \$ )
	See Additional Data

<b>4c</b>	(Code: ) (Expenses \$ 122,038,886 including grants of \$ 183,321 ) (Revenue \$ 558,941 )
	See Additional Data

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

<b>4e</b>	<b>Total program service expenses ▶</b>	930,560,452
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**Part IV Checklist of Required Schedules**

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

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

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	Yes	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	Yes	
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	657	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**▶** Jeff Sandene 501 Morris Street Charleston, WV 25301 (304) 388-7603

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	19,514,626	0	2,670,212

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 601

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WVU Physicians of Charleston 3110 MacCorkle Ave SE Charleston, WV 25304	GME/Physician Services	20,220,365
Qualivis LLC PO Box 123847 Dallas, TX 753123847	Nursing Services	17,080,318
Cerner Corporation PO Box 959156 St Louis, MO 631959156	IT Services	12,860,882
Charleston Area Radiation Therapy Center PO Box 19532 Irvine, CA 92623	Radiation Services	10,274,267
BBL Carlton LLC 600 Kanawha Blvd Suite 200 Charleston, WV 25301	Construction	3,626,080

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 171

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,186,540			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,606,900			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	1,597,534			
	h	Total. Add lines 1a-1f		4,793,440			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621990	1,188,466,958	1,188,466,958		
	b	Pharmacy	446110	43,742,608	714,275		
	c	Lab Services	621500	8,141,919	8,141,919		
	d	Cafeteria/Vending	721000	7,746,784	7,746,784		
	e	Rental (Non Residentia	531120	3,387,374	848,250		
	f	All other program service revenue.		6,755,101	4,197,709		
	g	Total. Add lines 2a-2f		1,258,240,744			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	6,041,171	162,645		
	4		Income from investment of tax-exempt bond proceeds	201,332			
	5		Royalties				
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			b	Less: rental expenses	6b		
			c	Rental income or (loss)	6c		
	d		Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a	132,403,537	782,182		
			b	Less: cost or other basis and sales expenses	7b	130,650,618	0
			c	Gain or (loss)	7c	1,752,919	782,182
	d		Net gain or (loss)	2,535,101	2,535,101		
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b		Less: direct expenses	8b			
	c		Net income or (loss) from fundraising events				
	9a		Gross income from gaming activities. See Part IV, line 19	9a			
	b		Less: direct expenses	9b			
	c		Net income or (loss) from gaming activities				
	10a		Gross sales of inventory, less returns and allowances	10a			
b		Less: cost of goods sold	10b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a		Laundry	812300	1,076,827	1,076,827		
b		Management Fees	541610	437,743	437,743		
c		Hospitality House	721110	41,331	41,331		
d		All other revenue		30,000	30,000		
e		Total. Add lines 11a-11d		1,585,901			
12		Total revenue. See instructions		1,273,397,689	1,195,261,463		
				8,907,071	64,435,715		
Form 990 (2019)							

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	430,363	430,363		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,656,303	1,656,303		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	13,938,045		13,938,045	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	2,651,458	1,224,107	1,427,351	
<b>7</b> Other salaries and wages . . . . .	457,344,463	366,662,466	90,330,818	351,179
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	13,048,135	11,494,908	1,544,829	8,398
<b>9</b> Other employee benefits . . . . .	90,712,408	70,891,598	19,794,763	26,047
<b>10</b> Payroll taxes . . . . .	30,955,281	22,448,794	8,506,487	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	13,704,411	11,230,924	2,473,487	
<b>b</b> Legal . . . . .	7,215,842		7,215,842	
<b>c</b> Accounting . . . . .	646,542		646,542	
<b>d</b> Lobbying . . . . .	104,318		104,318	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	1,488,361		1,488,361	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,251,236	77,063,706	35,187,530	
<b>12</b> Advertising and promotion . . . . .	2,648,022	134,590	2,513,432	
<b>13</b> Office expenses . . . . .	11,422,951	5,304,186	6,118,765	
<b>14</b> Information technology . . . . .	19,142,384		19,142,384	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	16,994,273	9,047,537	7,946,736	
<b>17</b> Travel . . . . .	2,633,741	1,028,128	1,605,613	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	52,178	2,209	49,969	
<b>20</b> Interest . . . . .	16,713,844		16,713,844	
<b>21</b> Payments to affiliates . . . . .	5,149,704	5,149,704		
<b>22</b> Depreciation, depletion, and amortization . . . . .	43,789,951	18,502,865	25,287,086	
<b>23</b> Insurance . . . . .	15,628,876	34,093	15,594,783	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	249,088,981	248,930,751	158,230	
<b>b</b> Provision for uncollect	43,810,172	43,810,172		
<b>c</b> Provider Tax	31,203,267	31,203,267		
<b>d</b> Sales & Use Tax	12,409,009		12,409,009	
<b>e</b> All other expenses	15,759,661	4,309,781	11,449,880	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,232,594,180	930,560,452	301,648,104	385,624
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		77,250	<b>1</b>	39,860	
	<b>2</b>	Savings and temporary cash investments . . . . .		149,372,000	<b>2</b>	113,703,895	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		220,305,399	<b>4</b>	291,090,863	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		740	<b>7</b>	740	
	<b>8</b>	Inventories for sale or use . . . . .		20,889,187	<b>8</b>	21,206,600	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,129,335	<b>9</b>	7,180,474	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,113,494,444			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	732,955,048	368,021,447	<b>10c</b>	380,539,396
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		8,991,442	<b>12</b>	9,504,972	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		88,274,474	<b>13</b>	87,063,454	
	<b>14</b>	Intangible assets . . . . .		25,513,813	<b>14</b>	20,493,454	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		81,274,419	<b>15</b>	144,461,902	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .		970,849,506	<b>16</b>	1,075,285,610		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		152,827,230	<b>17</b>	165,165,253	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		6,019,642	<b>19</b>	5,565,366	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		269,999,232	<b>20</b>	279,739,245	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		69,107	<b>21</b>	48,278	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . .		78,803,365	<b>23</b>	83,866,574	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . .		4,278,199	<b>24</b>	3,667,027	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		63,314,580	<b>25</b>	73,815,613	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		575,311,355	<b>26</b>	611,867,356	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		351,138,989	<b>27</b>	410,582,588	
	<b>28</b>	Net assets with donor restrictions . . . . .		44,399,162	<b>28</b>	52,835,666	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		395,538,151	<b>32</b>	463,418,254	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		970,849,506	<b>33</b>	1,075,285,610		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,273,397,689
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,232,594,180
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	40,803,509
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	395,538,151
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	19,265,145
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	7,811,449
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	463,418,254

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

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

# Additional Data

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

Form 990 (2019)

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

CAMC is one of West Virginia's largest medical center with over 9,222 employees and 757 medical staff. CAMC is licensed for 956 beds at four campuses and our health care services delivery focuses on providing a full range of inpatient and outpatient services as a tertiary regional referral center, teaching and safety net hospital. As a regional referral center, CAMC has one of only two state Level 1 Trauma Centers, a Level III Neonatal ICU, a Pediatric ICU, a DNV-Certified Primary Stroke Center, and a Bariatric Center of Excellence. CAMC is the primary medical safety net provider of women and children's and trauma services in central and southern West Virginia and provides 20% of the charity care in the state. There were inpatient days of 216,454, outpatient visits of 626,605, emergency department visits of 102,046 and deliveries of 2,818 in 2019. CAMC gives back to the community because we understand the impact that high quality medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people.

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

CAMC has established medical and allied health education excellence as a core competency. Provision and support for education include training for interns and residents, nurses, anesthesiologists and other personnel. 179 WVU/WVSOM medical students trained at CAMC hospitals and 183 medical residents were employed by CAMC. CAMC provided faculty support to the University of Charleston helping educate pharmacy students, nursing students and physician assistance program. CAMC assisted 12 employees through student loan forgiveness, and provided educational assistance to 468 individuals who intend to pursue a career in healthcare.

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

CAMC does much more than just provide health care, being involved in nearly every aspect of the health and well being of the community. CAMC offered 77 outreach programs which served an estimated 62,730 people. CAMC provided acute inpatient and outpatient hospital services including unreimbursed charity care at cost of \$20,986,228. Creative, state-of-the-art programs and services are provided to our community to serve our community - particularly the needs of the low income, elderly and other vulnerable persons. Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit criteria: 1) Improves access to health care services; 2) Enhances health of the community; 3) Advances medical or health care knowledge; 4) Relieves or reduces the burden of government or other community efforts.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David L Ramsey ..... President, CEO & Trustee	50.00 ..... 7.00	X		X				1,714,698	0	155,367
John R Hoblitzell Esq ..... Chairman	2.50 ..... 2.50	X		X				0	0	0
Mark A Chandler ..... Vice Chairman	3.00 ..... 5.00	X		X				0	0	0
Eric D Shouldis MD ..... Trustee	50.00 ..... 0.50	X						380,627	0	51,007
E Michael Robie DO ..... Trustee/Chief of Staff	50.00 ..... 3.00	X						363,550	0	25,387
Gina R Busch MD ..... Trustee	2.50 ..... 2.50	X						0	0	0
Charles L Capito Jr ..... Trustee	2.50 ..... 2.50	X						0	0	0
Fonda Elliot ..... Trustee	2.50 ..... 2.50	X						0	0	0
S Shawn Groves MD ..... Trustee (start 1/19)	2.50 ..... 2.50	X						0	0	0
Wanda Hightower ..... Trustee	2.50 ..... 2.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melvin Jones ..... Trustee	2.50 ..... 2.50	X						0	0	0
Karen S Price ..... Trustee	2.50 ..... 2.50	X						0	0	0
William Rice Jr ..... Trustee	2.50 ..... 3.00	X						0	0	0
Steven L Smith ..... Trustee	2.50 ..... 2.50	X						0	0	0
Kenneth L Tackett ..... Trustee	2.50 ..... 2.50	X						0	0	0
Edwin H Welch Ph D ..... Trustee	2.50 ..... 3.50	X						0	0	0
Michael D Williams ..... VP Administrator	50.00 ..... 0.00			X				2,135,593	0	78,322
Jeff Sandene ..... Executive VP & CFO	50.00 ..... 10.00			X				786,019	0	232,121
Glenn Crotty Jr MD ..... Executive VP & COO	50.00 ..... 6.00			X				791,610	0	51,032
Jeffrey H Goode ..... VP Ambulatory Services	50.00 ..... 0.00			X				461,695	0	301,342

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey L Oskin ..... VP Administrator	50.00 ..... 0.00			X				477,636	0	260,509
Thomas P McIlwain MD ..... VP Medical Affairs and CMO	50.00 ..... 5.00			X				571,219	0	125,971
Stephen Z Bell ..... VP Finance	50.00 ..... 0.00			X				448,607	0	110,746
Eileen Clark ..... VP Info Services & CIO	50.00 ..... 5.00			X				466,327	0	145,639
Angela Fenton Hill ..... Secretary & Gen Counsel	50.00 ..... 5.00			X				408,441	0	200,764
Kristi Snyder ..... VP Human Resources	50.00 ..... 6.00			X				402,364	0	183,396
S Andrew Weber ..... VP Administrator	50.00 ..... 0.00			X				382,059	0	139,734
Heidi Edwards ..... VP Prof Prac & CNO	50.00 ..... 1.00			X				280,089	0	178,224
Robert B Danielson ..... VP Corporate Compliance	50.00 ..... 5.00			X				278,579	0	35,721
Randall H Hodges ..... VP Administrator	50.00 ..... 0.00			X				341,096	0	42,633

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert D Whittler ..... VP Gov't & Comm Affairs	50.00 ..... 1.00			X				275,099	0	39,286
Dawn Coon ..... President CHN	50.00 ..... 0.00			X				224,528	0	69,815
Sangeeta Mandapaka MD ..... Physician	40.00 ..... 0.00					X		1,463,735	0	18,090
Elie Gharib MD ..... Physician	40.00 ..... 0.00					X		1,408,347	0	49,807
Nathan Kister MD ..... Physician	40.00 ..... 0.00					X		1,381,358	0	49,807
Mitchell Rashid MD ..... Physician	40.00 ..... 0.00					X		1,318,695	0	48,867
Nathan Menon MD ..... Physician	40.00 ..... 0.00					X		1,121,502	0	25,403
Dale Wood ..... Fmr VP System Improv & CQO	3.50 ..... 0.00						X	1,217,864	0	746
Rocky Blake ..... Fmr VP Info Services	50.00 ..... 0.00						X	218,837	0	39,910
Lillian Morris ..... Fmr Interim CNO	40.00 ..... 0.00						X	194,452	0	10,566

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Name of the organization**  
Charleston Area Medical Center Inc

**Employer identification number**  
55-0526150

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

Additional Data

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

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		3,582
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		86,124
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		80,192
<b>j</b>	Total. Add lines 1c through 1i .....			169,898
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1:	Occasionally, individuals are asked by legislators at both the state and national levels for opinions on certain issues and the process of health-related legislation. At such time, CAMC representatives may hold discussions with legislative officials to present their information and perspectives regarding various health care issues. Such interactions do not typically involve CAMC expressing whether or not they support a particular bill, but rather consist of general discussions related to the pertinent health issues. CAMC is a member of the West Virginia Hospital Association, Association of American Medical Colleges, and 340B Health for Pharmaceutical Access. A percentage of the membership dues paid are related to lobbying activities.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

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

Part III

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	44,399,161	47,735,117	41,042,263	37,936,483	36,907,460
b Contributions . . . . .	1,203,066	1,198,091	1,557,388	664,817	15,881,552
c Net investment earnings, gains, and losses	8,290,644	-1,872,517	5,953,945	3,046,608	-1,263,368
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,057,207	2,661,530	818,479	605,645	12,972,453
f Administrative expenses . . . . .					616,708
g End of year balance . . . . .	52,835,664	44,399,161	47,735,117	41,042,263	37,936,483

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ 27.000 %

c

Temporarily restricted endowment ▶ 73.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		31,033,005		31,033,005
b Buildings . . . . .		518,703,739	285,456,590	233,247,149
c Leasehold improvements		12,085,223	9,764,434	2,320,789
d Equipment . . . . .		509,908,986	424,751,093	85,157,893
e Other . . . . .		41,763,491	12,982,931	28,780,560
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				380,539,396

Schedule D (Form 990) 2019

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Malpractice Fund	42,322,973	F
(2) Malpractice Fund	4,247,830	C
(3) Recruitment/Student Loan	1,752,589	C
(4) Investments Other	6,869,814	C
(5) 2013 Note Project Fund	31,870,248	F
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	87,063,454	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Interest in Net Assets - CAMC Foundation, Inc.	52,835,666
(2) Bond Project Funds	30,249,356
(3) Bond Collateral	21,700,000
(4) Derivative Asset Value	6,154,748
(5) Cost of Issuance	80,519
(6) Settlement Fund	23,129,700
(7) Affiliate Receivable - CAMC Foundation, Inc.	998,102
(8) Affiliate Receivable - CHERI	1,541,733
(9) Trustee Funds	7,772,078
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	144,461,902

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	419,632
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	73,815,613

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

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

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

(a) Description	(b) Book value
Interest in Net Assets - CAMC Foundation, Inc.	52,835,666
Bond Project Funds	30,249,356
Bond Collateral	21,700,000
Derivative Asset Value	6,154,748
Cost of Issuance	80,519
Settlement Fund	23,129,700
Affiliate Receivable - CAMC Foundation, Inc.	998,102
Affiliate Receivable - CHERI	1,541,733
Trustee Funds	7,772,078

## Supplemental Information

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

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

## Supplemental Information

Return Reference	Explanation
Part X, Line 2:	CAMC's financial statements are audited as part of the financial statements of CAMC Health System, Inc. and Subsidiaries (collectively, the "System"). Language regarding ASC 740 (F IN 48) included in the consolidated footnotes is as follows: "The IRS has determined that CAMC, the Foundation, the Institute and the Health Network are exempt from income taxes under Section 501 (c)(3) of the Code and applicable state statutes. The System does not have any material uncertain tax positions as of December 31, 2019."

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			20,986,228		20,986,228	1.760 %
b Medicaid (from Worksheet 3, column a) . . . . .			267,943,546	148,364,000	119,579,546	10.040 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			3,069,075	1,746,494	1,322,581	0.110 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			291,998,849	150,110,494	141,888,355	11.910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,674,103	531,678	1,142,425	0.100 %
f Health professions education (from Worksheet 5) . . . . .			45,684,647	7,265,092	38,419,555	3.230 %
g Subsidized health services (from Worksheet 6) . . . . .			775,342	664,090	111,252	0.010 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			295,446		295,446	0.020 %
j Total. Other Benefits . . . . .			48,429,538	8,460,860	39,968,678	3.360 %
k Total. Add lines 7d and 7j . . . . .			340,428,387	158,571,354	181,857,033	15.270 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,200		1,200	0 %
3 Community support			181,815		181,815	0.020 %
4 Environmental improvements			9,000		9,000	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			49,010		49,010	0 %
9 Other			19,929	14,210	5,719	0 %
10 Total			260,954	14,210	246,744	0.020 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	41,901,882	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	15,097,248	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	326,104,739
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	501,886,852
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-175,782,113
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 General Division Medical Office Building LLC	Medical Office Space Rental	79.930 %		20.070 %
2 Charleston Area Radiation Therapy Centers LLC	Radiation Therapy	20.000 %		30.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

**4**

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

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

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

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C.</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>www.healthykanawha.org</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>See Part V, Section C.</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Facility Reporting Group - A

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>13</b>	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

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

Facility Reporting Group - A

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C.</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>See Part V, Section C.</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Facility Reporting Group - B

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://www.camc.org/charity-uninsured-plan</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - B

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

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

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 3c:	CAMC may screen private pay balances for pre-qualified eligibility by using financial assistance estimation tools that access public records. Using a proprietary algorithm (looking at tax records, bankruptcies, etc), the tool returns whether the patient is likely to qualify for the Financial Assistance Policy. In cases where pre-qualified eligibility does not qualify a patient for financial assistance, the patient may complete a financial assistance application where application material is evaluated to determine if the patient can qualify based on income and assets. If the patient meets income criteria for eligibility an inventory of available assets is evaluated. If the patients available assets fall below \$50,000 excluding the patients primary residence and primary vehicle, the patient will qualify for financial assistance. If a patient is found to be receiving certain State agency assistance (i.e. WIC, SNAP, etc.), such patient will be presumed eligible for CAMC financial assistance, and they will be asked to submit an abbreviated application containing only the information regarding their state agency assistance.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7:	Utilized worksheet 2 to determine cost-to-charge ratio.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f):	The bad debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$41,901,882

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>CAMC Memorial, General and Women and Children's Hospitals community building activities improve the community's health and safety by addressing the root causes of health problems. CAMC is a member of the Partner's in Health Network, Inc. ("Partners"), which is comprised of a network of mostly small and rural hospitals, clinics and health departments who work together to address quality and educational needs for improving the care management, assistance with NCQA accreditation for patient centered medical homes and improved quality through addressing sepsis and other health issues. Access to health care for 5,000 working uninsured individuals in central and southern West Virginia is provided through Partner's Community Access Program. Additionally, CAMC provides students enrolled in post-secondary education with related on-the-job training that is required for their graduation. Health Fairs for the community focusing on adults and children provide screening and health information to identify and address health issues. CAMC also partners with the Greater Kanawha Valley to create a value chain food system to support wealth creation for local growers. Kanawha Coalition for Community Health Improvement (KCCHI) Drugs: o Secured additional funding secured for the purchase of updated Too Good For Drugs curriculum for all grades K-8. o Provided Too Good For Drugs instructor training for elementary and middle school personnel. o Too Good For Drugs implemented in grades K-8, School Year 2018-2019 (Pre/Post Surveys completed and submitted by schools.) o Partnered with Kanawha County Schools on Generation Rx program delivered by University of Charleston School of Pharmacy students for all third grade classrooms in Kanawha County, funded by Cardinal Health. o KCCHI facilitated a Sustainability Retreat for the Kanawha Communities That Care Board of Directors. o KCCHI and the Kanawha Communities That Care Board partnered with United Way of Central West Virginia to transfer Kanawha Communities That Care as a new program of the United Way as a means of sustaining its work (October 2019). Diabetes: o Established first ever Kanawha Diabetes Coalition (KDC). It has met monthly since May 2017. o KDC has 140 individual members, representing 60 organizations. o Completed inventory of Kanawha County diabetes and pre-diabetes programs. o The Kanawha Diabetes Coalition continually works with WVU School of Public Health on Health Connect to regularly update. o Kanawha County resources for WV Health Connect website. <a href="https://www.healthconnection.com/kanwha-diabetes-coalitionresource">https://www.healthconnection.com/kanwha-diabetes-coalitionresource</a>. o Surveyed Kanawha County clinics regarding their usage of the CDC Prediabetes Screening Test. o Convened major payer to discuss return on investment for Prediabetes programs. o Secured a Clinical-Community Linkage mini-grant through Try This WV and recruited a private physician's office and local community program to participate in the project. o Conducted community assessment, including an environmental scan, of pre-diabetes resources, access to healthy foods, and physical activity opportunities for residents in the flood ravaged Clendenin, WV area. Presented findings and recommendations to Mayor of Clendenin and members of Clendenin City Council. o Developed Internship opportunities for KCCHI KDC work. o Developed written goals and objectives for KDC 2019-2020. o Developed Committee and Leadership structure for the KDC. o Recruited Coalition members to consistently monitor and update Social Media pages for the Kanawha Diabetes Coalition. o Partnered with Quality Insights to develop a Toolkit on How to Start a Diabetes Coalition. o Presented on the Diabetes Coalition Toolkit at the 2019 Try This WV Conference. Obesity: o Regularly provided updates Kanawha County physical activity opportunities in the Health Connection database. o Recruited community-based (non-profit and for profit) physical activity services to the Kanawha Diabetes Coalition. Fitness instructors at local businesses have become certified in the National Pre-Diabetes Prevention Program. o KCCHI continues to serve as a member of the KEYS 4 HealthyKids Steering Committee to address childhood obesity. Communities of Excellence Update: o The Kanawha Coalition continues to be a part of Cohort One Community for the Communities of Excellence Program, made possible through support of CAMC. This cohort of communities from throughout the nation is working to apply the Baldrige principles for Performance Excellence at the community level. o KCCHI submitted its full Community of Excellence Application in August 2019 and received its Feedback Report from Reviewers in October 2019. It continues to address findings included in that feedback and will apply again in 2020. o As a result of our Communities of Excellence work, KCCHI leadership has changed its community assessment model, which will be applied in the 2020 CHNA process, to include Community Health and Social Factors, Community Safety and Infrastructure, Education,</p>

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>Employment, and Local Attractions (arts, entertainment, sports, recreation).CAMC Teays Valley Hospital's community building activities improve the community's health and safety by addressing the root causes of health problems. CAMC Teays Valley supports Medical Explorers, a program designed to introduce youth in Putnam County who have designated health care as their health cluster to the health care environment. This helps to address a lack of parental oversight. Teays also supports the Putnam County Career Fair, Health Services Career Conference, and Portfolio Expositions where area high school students and adults are provided information on the educational requirement for health care careers.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	This is the bad debt expense from the audited financial statements. Bad Debt is the net of discounts, payments and recoveries.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	The estimated amount of bad debt expense attributable to patients eligible under the organization's financial assistance policy would be 15,097,248 for 2019.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	The footnote for Allowance for Uncollectible Accounts is on page 12 of CAMC Health System's audited financial statements. In summary, private pay accounts and amounts for deductibles and co-insurance that are deemed uncollectible that do not appear to meet the charity care guidelines are written off as bad debt expense and appear as a deduction from patient service revenue in the audited financial statements.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	CAMC treats any government reimbursement that is insufficient to cover allocated costs as being a community benefit. CAMC chooses to serve the community by participating in the Medicare program and accepting Medicare reimbursement. Part III, Line 8: Cost to charge ratio from the Medicare costs report is used.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b:	<p>CAMC's collection policy makes provisions for patients who qualify for financial assistance. Patients who receive financial assistance must have income at 300% or less of Federal Poverty Guidelines, insufficient assets to pay for the care, and may not be eligible for any public programs. Patients who qualify for financial assistance with income under 200% FPG are given a 100% discount. Patients who qualify for financial assistance with income between 201-300% FPG receive a 50% discount. All patient responsibility debt not approved for financial assistance is reviewed with a financial assistance estimator. This financial assistance estimator process is only used to approve assistance. It is not used to deny assistance. Accounts are only reviewed for Financial Assistance at the 100% discount category. This process is performed before extraordinary collection efforts. Patients without third-party coverage who do not qualify for charity are given a 55% discount from charges (which is greater than any commercial discount). In addition to charity and uninsured discounts, CAMC provides assistance with payment plans, government programs, and an Employee Assistance Program.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>CAMC supports and strengthens its key communities through a systematic approach that begins with our mission, vision and values. Annually during our strategic planning process we review the community health needs assessment findings and priorities to develop our community strategy. This strategy is based on issues identified through the needs assessment process and supplemented with findings from our internal Environmental Analysis. Communities are identified, strategies are identified and plans are funded, implemented, tracked and measure. Our Board approves the plan and reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities is based on the strategy, key stakeholders needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC community strategy, community is based on the need identified and population to be addressed. We develop Health Indicator Data Sheets for each of our service area counties and identify key issues to address for all or part of our service area. For example, our Perinatal Telemedicine Project includes 14 rural counties and our Child Advocacy Center and HIV program serve our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have ensured the Civic Affairs Council monetary contributions support community organizations in the service area that are clearly aligned with our community strategy. In addition to addressing community needs and contributing financially, our leadership team serves in key leadership roles for community activities, programs and organizations as well as supports the workforce in participating in many community benefit activities such as Day of Caring and HealthFest. CAMC Teays Valley Hospital supports and strengthens the Putnam County community through its annual planning process where the needs assessment findings and priorities are reviewed to develop its community strategy and the community (ies) within Putnam County that are impacted. This strategy is based on issues identified through the needs assessment process and supplemented with findings from review of internal data. Strategies are identified and plans are funded, implemented, tracked and measured. The CAMC Board Planning and Public Policy Committee and the CAMC Board of Trustees approve the plan and review plan progress annually. In addition to addressing community needs and contributing financially, CAMC Teays' Vice President and Associate Administrator serve in key leadership roles for community activities, programs and organizations as well as support the workforce in participating in many community benefit activities. As part of the strategic planning process, CAMC Teays determines if there are additional areas of support that can be provided to address the identified community health needs assessment issues.</p>

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>CAMC's community area of focus includes our Primary and Secondary Service area. Our primary service area (PSA) includes: Kanawha, Putnam, Fayette, Boone, and Logan Counties. Our secondary service area (SSA) is Clay, Jackson, Lincoln, Mercer, Nicholas, Raleigh, and Roane Counties. Kanawha County constitutes a population of 180,258 with a median age of 43.3 and a household income of \$46,865. The PSA/SSA population is 562,808 with a median age of 43.4 and a household income of \$44,594. Teays' community and primary area of focus is Putnam County. Putnam County has a population of 56,924 with a median age of 42.6 and a household income of \$59,732. Demographic, health and socioeconomic information is provided in detail in the 2018 Community Benefit Reports found on <a href="http://www.camc.org">www.camc.org</a>.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 5:	<p>CAMC's governing board is its Board of Trustees, a 16 member volunteer community board that meets WV State law requirements for nonprofit board membership including community representation. Admission to the medical staff is open to all qualified physicians in the area, consistent with the size and nature of the facility. Each CAMC hospital operates a full-time emergency room open to everyone, regardless of ability to pay. CAMC serves a broad cross-section of the community through research and charity care. CAMC applies any surplus funds toward improving facilities, equipment, patient care, medical training, research and education. CAMC's Community Health Improvement Services, Health Professions Education, Financial and In-kind Contributions, Community and Building Activities are detailed in the Community Benefit Report on our website at <a href="http://www.camc.org">www.camc.org</a>.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6:	<p>CAMC Health Education and Research Institute serves as the education and research arm of the CAMC Health System. The Institute promotes the health of the community by sponsoring health professional training programs training the region's health professionals in the community, region and state sponsoring management and leadership development programs, sponsoring community health education and prevention education programs for the community, conducting clinical and health services research targeted to improve health and health services delivery of our patients and community, pursuing special program funding and grants to support education and research programs, promoting economic development through its employment of approximately 80 full-time education, research and support staff and through its extramural and externally funded sponsored programs, promoting telehealth opportunities that link providers for health consultation and that improves access to health services to patients, creating linkages to education affiliates allowing approximately 800 learners to receive clinical training experiences at CAMC, sponsoring simulation training experiences for regional education affiliates, and promoting and sustaining networks and partnerships that improve access to clinical trials and research funding opportunities. The CAMC Foundations' mission is to support and promote CAMC's delivery of excellent and compassionate health services and CAMC's contribution to the quality of life and economic vitality of the region. This is accomplished through support of many services to CAMC patients and employees. Each year, the Foundation supports the Prevention First Program at CAMC Women and Children's Hospital. The Prevention First Program seeks to reduce medical costs, facilitate all aspects of health care, including support of the medical plan established by the primary care physician, while meeting the special needs of low-income children and families in the home environment. Specifically, the Prevention First Program promotes healthy outcomes that will decrease pre-term labor, infant mortality, unplanned C-Section rate, NICU/PICU length of stay and increase infant birth weight while promoting well-child care and immunizations. The Foundation also helps keep physicians and allied health care employees up-to-date by providing funding for many continuing education programs.</p>

**990 Schedule H, Supplemental Information**

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

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>4</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CAMC Memorial Hospital 3200 MacCorkle Avenue Charleston, WV 25304 www.camc.org 20	X	X		X			X			A
2	CAMC General Hospital 501 Morris Street Charleston, WV 25301 www.camc.org 20	X	X		X			X			A
3	CAMC Women and Children's Hospital 800 Pennsylvania Avenue Charleston, WV 253025302 www.camc.org 20	X	X		X			X			A
4	CAMC Teays Valley Hospital 1400 Hospital Drive Hurricane, WV 25526 www.camc.org 20	X	X		X			X			B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B. Facility Reporting Group A	Part V, Section B, line 7a: <a href="https://www.camc.org/documents/Community/2017-2019%20Community%20Health%20Needs%20Assessment%20and%202017%20-%202019%20Implementation%20Strategy.pdf">https://www.camc.org/documents/Community/2017-2019%20Community%20Health%20Needs%20Assessment%20and%202017%20-%202019%20Implementation%20Strategy.pdf</a> Schedule H, Part V, Section B. Facility Reporting Group A Part V, Section B, Line 10a: <a href="https://www.camc.org/documents/Community/2017-2019%20Community%20Health%20Needs%20Assessment%20and%202017%20-%202019%20Implementation%20Strategy.pdf">https://www.camc.org/documents/Community/2017-2019%20Community%20Health%20Needs%20Assessment%20and%202017%20-%202019%20Implementation%20Strategy.pdf</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part VI:	Part V, Section B, line 7a: <a href="https://www.camc.org/documents/Community/2018%20CAMC%20Teays%20Community%20Benefit%20Needs%20Assessment%20and%20Implementation%20Strategies.pdf">https://www.camc.org/documents/Community/2018%20CAMC%20Teays%20Community%20Benefit%20Needs%20Assessment%20and%20Implementation%20Strategies.pdf</a> Schedule H, Part V, Section B. Facility Reporting Group B Part V, Section B, line 10a: <a href="https://www.camc.org/documents/Community/2018%20CAMC%20Teays%20Community%20Benefit%20Needs%20Assessment%20and%20Implementation%20Strategies.pdf">https://www.camc.org/documents/Community/2018%20CAMC%20Teays%20Community%20Benefit%20Needs%20Assessment%20and%20Implementation%20Strategies.pdf</a>

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

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

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

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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of:	- Facility 1: CAMC Memorial Hospital, - Facility 2: CAMC General Hospital, - Facility 3: CAMC Women and Children's Hospital

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5:	<p>Household Telephone Survey: The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument , thorough and consistent training of interviewers, and the use of reputable survey-analysis software. The principal investigator provided oversight to the surveying process including data collection and entry. Data was collected and entered using a web-based survey. Th is report was compiled and verified for accuracy by members of the Kanawha Coalition for C ommunity Health Improvement. This survey sample size results in a statistically significant 95% confidence interval with an error margin of plus or minus 5.73%. Not all respondents answered every question; therefore the margin of error was adjusted and reported for each question, based on the number of respondents. Numbers too small to be statistically significant were noted as such. An independent sampling firm randomly selected landline telephone numbers for Kanawha County households. The random landline sample consisted of 8,600 numbers which was screened for disconnects and businesses, resulting in a list of 4,568 numbers. A total of 26 nursing students received training and administered the phone survey. A fter learning that the number of American homes with only wireless telephones continues to grow and 47.4% of American homes had only wireless telephones (January - June 2015 National Center for Health Statistics Survey), the Kanawha Coalition attempted to increase the number of responses among younger residents and lower income residents, by doubling the acquired address based sample of households with only wireless phones. The wireless sample of 5,600 households received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone. The Kanawha Coalition process works to ensure that the survey sample size is valid, and that the sample is randomly selected. It also ensured that the fourth-year nursing students with the University of Charleston's School of Nursing were adequately trained in how to administer the phone survey. As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010-2015 U.S. Census Quickfacts data. This comparison reveals an over-representation of respondents who were female, over 55 years of age, widowed, had no children in the home and were Caucasian. There was an under-representation of African Americans, people with lower-educational attainment (high school or less), those with children in the home, and those who had never been married. Focus Groups: To understand community needs, focus groups were held throughout</p>

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5:	<p>Kanawha County in November 2016. As one component of the Coalition's five-part assessment, focus groups offer insight into the needs, concerns and experiences of people whose voice is not often heard. Typically, focus groups are comprised of a small group of individuals , usually a vulnerable or target population. In this case focus groups were organized in c ommunities located in different geographical locations in the county. It is important to n ote that the results reflect the perceptions of some community members, but may not necess arily represent all community members in Kanawha County. A series of six focus groups were convened. Participants received gift cards for their completion of the focus group. The p urpose of the discussion was to obtain input on issues that could impact the health of the residents of their communities. A total of 51 community members participated in focus gro ups in the following communities: Cross Lanes, Elkview, Kanawha City, Marmet, Miami and Lo ndon. The Kanawha Coalition provided training to fourth year University of Charleston-Scho ol of Health Science's nursing students with the University of Charleston-School of Health Sciences to enable them to facilitate the groups. The students also compiled the results and prepared reports of the findings for the Kanawha Coalition.Steering Committee: Steerin g Committee Members are from the CAMC, Thomas Health System,Highland Hospital, Charleston Area Alliance, Kanawha County Schools, WV Bureau for Public Health, Partnership of African American Churches and the Kanawha Coalition for Community Health Improvement and they ser ve in an advisory capacity for the Coalition. The Steering Committee follows a set of Guid ing Principles as it promotes and safeguards the integrity of the collaborative process as each assumes the role of an equal partner in the process. They make tangible commitments of resources to the Coalition and believe that the process is the product and serves as th e vehicle to put people together to explore and address challenges and opportunities to im prove the health of the people of Kanawha County. The Steering Committee is committed to i ncluding all members of the community in the community health needs assessment process as it cultivates a community-wide sense of ownership, not organizational ownership. It provid es encouragement and support to keep Coalition volunteers engaged and motivated while rema ining flexible in its approach to meeting community needs. It believes in continuous quali ty improvement and supports an ongoing process to evaluate and improve outcomes and it cel ebrates successes along the way.Members of the Kanawha Coalition Steering Committee active ly participate in the survey planning process to provide public health insight and ensure data integrity. Additionally, epidemiologists from the West VirginiaDepartment of Health a nd Human Services work with the Coalition for question design for consistency with other s urveys to allow benchmarks and</p>

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5:	comparisons. In addition, Key Informant Interviews provide in-depth information on the community. The Steering Committee also provides contact information for key informants in the community. Key Informant Interviews: The 87 key informants representing 20 different sectors or areas of expertise in the community were given both standardized questions and open ended questions designed to elicit a full range of responses. They were asked to identify the top three populations in Kanawha County with unmet needs and to share their biggest concerns in terms of health risk behaviors, clinical care, social and economic factors and the physical environment. They were also asked to share the challenges and barriers they believed exist and how best to overcome them. Finally, they were asked to identify the top three overall issues in Kanawha County and what they believed to be the top three health related strengths and assets for the community.

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 6a:	Thomas Health System (Thomas Memorial Hospital and St. Francis Hospital); Highland Hospital

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

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 6b:	United Way of Central West Virginia; FamilyCare Health Center; Kanawha-Charleston Health Department; Kanawha County Schools; Spilman Thomas & Battle, PLLC; Kanawha Coalition for Community Health Improvement; Charleston Area Alliance, Partnership of African American Churches, WV Department of Health and Human Services.

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11:	<p>The following community health need issues were identified as community priorities and funded as part of operational planning by the CAMC Board of Trustees: Drugs, Diabetes, Obesity, Heart Disease/Hypertension/Heart Attack/Stroke, Limited Access to Healthy Foods, Tobacco Use, Lack of Access to Mental Health and Addiction Services, and Cancer.1.) One of the community need issues identified is Drugs (all types illicit and prescription, does not include alcohol). We addressed this community need issue through the CAMC Ryan White Program. In 2019, there were 375 participants and we provided \$61,929 in unreimbursed care. We also addressed this issue with the Drug Addicted Mother Baby Program. In 2019, 627 mothers were identified and participated in the program at CAMC Women and Children's Hospital.2.) Another community need issue identified is Diabetes. We addressed this Community need issue with our Outpatient Diabetes Education Program and Information available through our Health Information Center. We also provided community screenings via our annual Teddy Bear health fair.3.) Obesity was addressed via our continued provision of Play Patch, a 940 square foot children's play area that includes fruit and vegetable themed play equipment Along with a family restroom at the local shopping mall. 4.) Heart Disease/Hypertension/Heart Attack/Stroke was addressed via community education provided via the CAMC Mall Walkers, Wear Red Day, Women Heart Support Group and Physician Guest Lecture Programs. Health Screenings for heart disease were also provided at Healthfest. In all, over 2000 residents of the community were impacted by CAMC's outreach efforts.5.) Limited Access to Healthy Foods is addressed through our Local Wealth Creation "Value Chain" program and our continued efforts to work with The Greater Kanawha Foundation to create and sustain a wealth creation value chain. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC's 5 county primary service area is comprised 356,000 people with a small increase in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The value chain premises are that we need to be intentionally inclusive of local people and places as economic contributors to have a positive impact on wealth in our communities. This program's focus is on working with local growers to develop their capability to sell their produce to CAMC at a guaranteed quantity and price and once the process is established to roll it out to other "buyers". In 2019, we continued to work with individuals in the community and local farmers to coordinate the number of growers providing fresh produce purchased by CAMC and to maintain</p>

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11:	<p>tain and expand GAP certification.6.) Tobacco Use was addressed through "Tobacco Free for Baby and Me", the Tobacco Free Day at the West Virginia Legislature, the ALA Bike Trek and Great Smoke Out. The Tobacco Free for Baby and Me program identified 200 women who were tobacco users through the CAMC Women's Medicine Center in 2019.7.) Lack of Access to Mental Health and Addiction Services was addressed through the Outpatient Mental Health Program offered through the CAMC Family Resource Center. The program is for low income residents and served over 100 individuals in 2019.8.) Cancer was addressed through Breast Cancer Awareness Activities, Community Cancer Screenings, and our Healthy Steps Program, Look Good/Feel Better Program, Breast Cancer Survivorship Group, Lung Bridge Program and participation in various community events such as Relay for Life and Run for your Life. We also participated in the Project Echo cancer survivorship program.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 13h:	Other criteria considered for financial assistance eligibility: A financial assistance estimation tool that utilizes public records; and whether or not a patient receives assistance from certain state agencies.

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group B consists of:	- Facility 4: CAMC Teays Valley Hospital

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

Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 5:	Putnam County Health Improvement Advisory Committee completed a community survey in May 20 18 to identify top issues in Putnam County in the following categories: quality of life, h ealth behaviors, issues affecting quality of life, existing health conditions, and access to care. There were 150 responses collected with 144 of those responses from Putnam County (76% female, 23% male). Towns represented include Bancroft, Buffalo, Culloden, Eleanor, F razier's Bottom, Hometown, Hurricane, Liberty, Poca, Red House, Scott Depot, Teays and Win field.Putnam County Health Improvement Key Informant/Partner Survey (May 2018). 47 respond ents from a variety of professional sectors including Governmental (21.3%), Health care pr ovider (10.6%), Health care organization (8.5%), Law enforcement (8.5%), Business (6.4%), Mental/Behavioral health (6.4%) and Public safety (6.4%). The findings follow: <ul style="list-style-type: none"> <li>o Target Po pulations with Greatest Unmet Need: addictions, mental health, and low income.</li> <li>o Youth Hea lth Risks/Risky Behaviors: drug use (illicit drugs &amp; prescription medications), child abus e/neglect, and unsafe driving habits.</li> <li>o Adult Health Risks/Risky Behaviors: drug use (illi cit drugs), obesity, and affordable health care.</li> <li>o Older Adult Health Risks/Risky Behavior s: social isolation, affordable prescriptions, and affordable health care.o Community and Environmental Factors: lack of access to community recreation, lack of access to health fo ods, and public safety (unsafe neighborhoods).</li> <li>o Clinical Care Barriers to Healthcare. At least 50% of respondents identified the following health care services as having a signifi cant or highly significant barrier to access- Addiction, Mental Health, Dental, Long Term Care, Healthcare Specialists, Primary Care, Vision, and Prescription Drug services.EnAct C ommunity Needs Assessment Putnam County. In May 2018, EnAct Community Action Agency conduc ted a needs assessment in Boone, Clay, Fayette, Kanawha and Putnam Counties. The project i ncluded planning sessions with an interagency team, surveys of key community stakeholders and clients, community discussions with stakeholder groups, researching and compiling vari ous available secondary data sets that inform the assessment and development of the commun ity needs assessment report with key findings. 49 key informants familiar with local servi ces and community conditions 16 completed the community survey in Putnam County. The infor mation presented was prepared and presented by EnAct and EPIC Mission and Collective Impac t, LLC. The top issues identified in the following priority areas of need for low income p eople in Putnam county include:o Healthcare: access to affordable health insurance, assist ance with dental procedures, more affordable prescription drugs, and additional substance abuse treatment services.o Nutrition: transporation to grocery store, food pantry, or othe r food resources; increased availability of food programs such as senior center meals, Mea ls on Wheels or food pantries,</li> </ul>

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

Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 5:	<p>and additional outlets (grocery store) for purchase of healthy food or Education about healthy food choices</p> <p>Children's Needs: safe, drug free recreation programs for teens; summer activities including day camps for kids; safe homes and neighborhoods.</p> <p>Senior Needs: meal delivery services, home modifications to accommodate handicaps or limited mobility, and information about internet or phone fraud targeted at Seniors.</p> <p>Key leaders from these groups in Putnam County identified and prioritized community health needs. Through CAMC Teays Valley Hospital's strategic planning process, the community health needs assessment and prioritized community health needs are used to set community health implementation strategies for CAMC Teays Valley Hospital. The Putnam County needs assessment was coordinated using input from the following individuals: Bill O'Dell, Program Director, Putnam County Wellness Coalition Cindy Farley, Chairwoman of the Putnam County Board of Health, John D. Law, Putnam County Health Department Information Officer, Randy Hodges, Vice President/Administrator, CAMC Teays Valley Hospital, Wanda Marks, CAMC Teays Valley Hospital Representative, E. Michael Robie, D.O., CAMC Teays Valley Hospital Representative.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 6b:	Putnam County Health Improvement Advisory Committee, Putnam County Health Improvement Key Informant Partner Survey, Putnam Wellness Coalition Survey, EnAct Community Needs Assessment

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

Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 11:	<p>The following health issues are identified as community priorities in 2018 for 2018-2020: Overweight/Obesity, Access to Specialty Health Care, Substance Abuse (Prevention, Treatment, and Recovery Resources), High Blood Pressure/High Cholesterol, Access to Affordable Health Care, Managing Weight/Exercising/Physical Fitness, Low Income/Poverty, Abuse/Neglect in Children, Access to Affordable Healthy Foods, Adequate Health and Wellness Activities/Ad Equate Sidewalks, Sufficient Public Transportation, Depression/Anxiety, and Parenting Skills. Implementation strategies for 2018-2020 with 2019 progress updates include: 1.) One community need priority addressed is Overweight/Obesity and we addressed it via the provision of free sports physicals, orthopedic coverage for area sporting events, donations for sporting equipment, transportation, and sponsorships for area schools. We supported community activities such as Heart Walks and Go Red. We also provided support for Camp Kno Koma. 2.) Another community need priority addressed is Access to Specialty Health Care. We are providing surgery, neurology, urology, orthopedics, oncology, vascular, Level III Cardiac Rehab and Pain Management to the community. 3.) Another community need priority addressed is Substance Abuse (Prevention, Treatment and Recovery resources) We provide sponsorship and board direction for the Putnam County Juvenile Drug Court, the 911 Advisory Committee, and the Putnam county Health Improvement Advisory Committee. 4.) Another community need priority addressed is High Blood Pressure/High Cholesterol. We provide screenings during the Putnam County Homecoming Health Fair, Winfield Fair, sports physicals, and through our Level II Cardiac Rehab Services. We also provide education materials via the Backpack Buddy program and at various community fairs and festivals. 5.) Another community need priority addressed is Access to Affordable Health Care. We provide reduced cost lab work, free sports physicals, charity care, and enrollment assistance for patients and families for health coverage. 6.) Another community need priority addressed is Managing Weight/Exercising/Physical Fitness. We supported Camp Kno Koma, provided sports physicals, orthopedic coverage for sporting events and donations for sporting equipment and transportation. We also supported Heart Walks and Go Red. 7.) Another community need priority addressed is Low Income/Poverty. We provide charity care and enrollment assistance for patients and families for health coverage. We also provide support for the Putnam County Schools Health Services Cluster Career Conference, the Health Occupations Students Association, the Backpack Buddy Program, and the Putnam Wellness Coalition. 8.) Another community need priority addressed is Abuse/Neglect in Children. We provide support for the Putnam Wellness Coalition, the Officer Phil Program, Mandatory reports to the Department of Health and Human Services for Child Abuse and provide trained nurses for t</p>

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

Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 11:	he Sexual Assault Nurse Examiner (SANE) program.9.) Another community need priority address ed is Access to Affordable Healthy Foods. We provide support for the Backpack Buddy Progr am and Putnam Aging Agency.10.) Another community need priority addressed is Adequate Heal th and Wellness Activities/Adequate Sidewalks. We support the Putnam Wellness Coalition, t he Medical Response Team at Bible Center Church, Stop the Bleed Program, Sports Physicals, Orthopedic Coverage for area sporting events, donations of sporting equipment, transporta tion and sponsorships for area schools. We also support area Heart Walks, Fairs and Festiv als.CAMC is unable to address certain community health needs:1.) Sufficient Public Transpo rtation: CAMC Teays does not have the capability or funding to address this issue.2.) Depr ession/Anxiety: This issue is addressed by CAMC General Hospital in Charleston.3.) Parenti ng Skills: This issue is supported through the Family Resource Center at Women and Childre n's Hospital in Charleston.4.) Adequate Sidewalks: CAMC Teays does not have the capability or funding to address this issue.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group - B Part V, Section B, line 13h:	Other criteria considered for financial assistance eligibility: A financial assistance estimation tool that utilizes public records; and whether or not a patient receives assistance from certain state agencies.

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

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

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

Name and address	Type of Facility (describe)
1 1 - CAMC Imaging Center 60 RHL Boulevard South Charleston, WV 25309	Outpatient Imaging Center
1 2 - CAMC Urgent Care Center 314 Goff Mountain Road Suite 3 Cross Lanes, WV 25313	Urgent Care Facility
2 3 - CAMC Physical Therapy and Sports Med 200 Tracy Way Charleston, WV 253111258	Rehabilitation Facility
3 4 - CAMC Solutions 2568 Pennsylvania Avenue Charleston, WV 253024907	Pharmacy Compounding Center
4 5 - CAMC Rheumatology 4610 Kanawha Ave SW South Charleston, WV 25309	Rheumatology
5 6 - St Mary's Laboratory Services 2900 First Ave Suite 607 Huntington, WV 25702	Laboratory Services
6 7 - CAMC Weight Loss Center 600 Tracy Way Suite 2 Charleston, WV 25311	Weight Loss Center
7 8 - CAMC Primary Care-Nitro 4111 First Avenue 3 Nitro, WV 25143	Family Practice
8 9 - CAMC Primary Care-Winfield 3456 Winfield Road Winfield, WV 25526	Family Practice
9 10 - Plastic Surgery Center 210 Brooks Street Suite 200 Charleston, WV 25301	Plastic Surgery
10 11 - Teays Valley Orthopedics 3703 Teays Valley Road Hurricane, WV 25526	Orthopedic Center
11 12 - Urologic Surgical Center 11 Courtney Drive Charleston, WV 25304	Urological Center
12 13 - Cardiology-South Charleston 4610 Kanawha Ave SW South Charleston, WV 25309	Cardiology
13 14 - Cardiology-Summersville 400 Fairview Heights Road Summersville, WV 26651	Cardiology
14 15 - Orthopedics - Madison 467 Main Street Suite 1 Madison, WV 25310	Orthopedic Center

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - CAMC EP Cardiology 3100 MacCorkle Avenue SE Suite 205 Charleston, WV 25304	Cardiology
<b>1</b> 17 - CAMC Primary Care-Teays Valley 1204 Hospital Drive Hurricane, WV 25526	Family Practice
<b>2</b> 18 - CAMC Employee Wellness Center 3418 Staunton Avenue Charleston, WV 25304	Employee Wellness
<b>3</b> 19 - CAMC Orthopedic Department 2930 Chesterfield Avenue Charleston, WV 25304	Orthopedics

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

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

Employer identification number  
55-0526150

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Nursing Educational Assistance	135	1,337,069			
(2) Employee Educational Assistance	257	193,559			
(3) Medical Educational Assistance	35	61,575			
(4) Employee Dependent Educational Assistance	17	43,750			
(5) Allied Health Educational Assistance	24	20,350			
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Charleston 2300 MacCorkle Ave SE Charleston, WV 253041099	55-0357039	501(c)(3)	174,163				Nursing, Pharmacy and General Program Support
WV Health Right Inc 1520 Washington Street Charleston, WV 25311	31-1066881	501(c)(3)	156,540				General Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House of Charities of Southern West Virginia Inc 910 Pennsylvania Avenue Charleston, WV 25302	55-0631080	501(c)(3)	26,780				General Program Support
WV Medical Professionals Health Program 4013 Buckhannon Pike Mount Clare, WV 26408	74-3226821	501(c)(3)	15,000				General Program Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization Charleston Area Medical Center Inc		Employer identification number 55-0526150

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 3	The CAMCHSI Board of Directors Compensation Committee selects and supervises an independent consultant who advises the Committee on compensation arrangements and transactions between CAMC Health System, Inc. subsidiaries (including CAMC) and executives (including CAMC's CEO). The Committee uses the data to determine the total compensation of CAMC's CEO and other executive officers. This data is reviewed every two years or when a new person comes into an executive role.
Part I, Line 4b	Supplemental Executive Retirement Plan ("SERP"). Participants are key officers of CAMCHSI and subsidiaries. Participant Michael Williams was paid \$1,693,078 in 2019 and participant Dale Wood was paid \$1,006,724 in 2019. Terms and Conditions of SERP plan: Defined Benefit. Vest at age 60, or later, if one time postponement is made prior to age 59. Deferred vesting date cannot be earlier than age 65 or later than age 68. Benefit at age 60 with 30 years of service is computed as the difference between 55% of Final Average Total compensation and sum of retirement benefits paid from: CAMC Health System, Inc. Qualified Retirement Plan, Non-Qualified Retirement Restoration Plan and 50% of projected age 62 Primary Social Security Benefit. Eligible to receive SERP benefits upon earliest of: normal retirement or date elected, if extended; death; disability; involuntary termination without cause. Early retirement at age 55 with at least 5 years of service reduced 1.83% for each year of service less 30 and 0.5% reduction for each month prior to Normal Retirement Date (age 60). Taxes due upon distribution. Subject to the Substantial Risk of Forfeiture. Under the Execu-Flex Benefit Plan (409A), executives receive 11% of their salary in flex allowance. This flex allowance is used to elect executive benefits. Any remaining flex allowance is credited to a tax-deferred Capital Accumulation Account. The minimum vesting period is two years, maximum age is 68. A two year non-compete agreement (Substantial Risk of Forfeiture Agreement) applies if termination of employment occurs prior to the vesting date. Certain participants had amounts vested and included as reportable compensation this year, as detailed below: Stephen Z. Bell - \$36,467 Eileen Clark - \$38,032 Glenn Crotty Jr., M.D. - \$46,403 Robert B. Danielson - \$45,797 Jeffrey H. Goode - \$38,107 Angela Fenton Hill - \$33,936 Randall H. Hodges - \$19,718 Thomas P. McIlwain - \$45,819 David L. Ramsey - \$82,522 Jeff Sandene - \$88,121 Kristi Snyder - \$23,827 S. Andrew Weber - \$32,529 Robert D. Whitler - \$16,726 Michael Williams - \$28,138 Dale Wood - \$45,458
Part I, Line 7	The organization provides incentive payments to certain employees after operating and performance goals are achieved. Incentive payment plans are reviewed and approved by the CAMC Health System, Inc. Board of Directors Compensation Committee.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1David L Ramsey President, CEO & Trustee	(i)	861,123	710,223	143,352	106,533	48,834	1,870,065	177,500
	(ii)	0	0	0	0	0	0	0
1Eric D Shouldis MD Trustee	(i)	357,898	22,335	394	11,200	39,807	431,634	0
	(ii)	0	0	0	0	0	0	0
2E Michael Robie DO Trustee/Chief of Staff	(i)	363,550	0	0	11,200	14,187	388,937	0
	(ii)	0	0	0	0	0	0	0
3Michael D Williams VP Administrator	(i)	329,932	69,387	1,736,274	38,942	39,380	2,213,915	1,168,972
	(ii)	0	0	0	0	0	0	0
4Jeff Sandene Executive VP & CFO	(i)	485,805	171,590	128,624	191,837	40,284	1,018,140	76,513
	(ii)	0	0	0	0	0	0	0
5Glenn Crotty Jr MD Executive VP & COO	(i)	537,598	179,956	74,056	11,200	39,832	842,642	0
	(ii)	0	0	0	0	0	0	0
6Jeffrey H Goode VP Ambulatory Services	(i)	327,705	72,362	61,628	256,827	44,515	763,037	37,936
	(ii)	0	0	0	0	0	0	0
7Jeffrey L Oskin VP Administrator	(i)	387,863	76,873	12,900	240,199	20,310	738,145	0
	(ii)	0	0	0	0	0	0	0
8Thomas P McIlwain MD VP Medical Affairs and CMO	(i)	411,255	84,497	75,467	96,844	29,127	697,190	0
	(ii)	0	0	0	0	0	0	0
9Stephen Z Bell VP Finance	(i)	219,902	159,168	69,537	94,776	15,970	559,353	136,303
	(ii)	0	0	0	0	0	0	0
10Eileen Clark VP Info Services & CIO	(i)	331,704	81,900	52,723	119,012	26,627	611,966	37,861
	(ii)	0	0	0	0	0	0	0
11Angela Fenton Hill Secretary & Gen Counsel	(i)	303,219	58,539	46,683	170,358	30,406	609,205	33,784
	(ii)	0	0	0	0	0	0	0
12Kristi Snyder VP Human Resources	(i)	296,249	70,653	35,462	171,902	11,494	585,760	23,720
	(ii)	0	0	0	0	0	0	0
13S Andrew Weber VP Administrator	(i)	273,483	64,507	44,069	97,688	42,046	521,793	32,383
	(ii)	0	0	0	0	0	0	0
14Heidi Edwards VP Prof Prac & CNO	(i)	216,944	48,014	15,131	133,853	44,371	458,313	0
	(ii)	0	0	0	0	0	0	0
15Robert B Danielson VP Corporate Compliance	(i)	188,319	34,463	55,797	8,001	27,720	314,300	50,499
	(ii)	0	0	0	0	0	0	0
16Randall H Hodges VP Administrator	(i)	224,304	57,485	59,307	11,200	31,433	383,729	0
	(ii)	0	0	0	0	0	0	0
17Robert D Whitler VP Gov't & Comm Affairs	(i)	201,844	43,337	29,918	10,123	29,163	314,385	0
	(ii)	0	0	0	0	0	0	0
18Dawn Coon President CHN	(i)	185,601	27,539	11,388	27,823	41,992	294,343	0
	(ii)	0	0	0	0	0	0	0
19Sangeeta Mandapaka MD Physician	(i)	1,463,618	0	117	11,200	6,890	1,481,825	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> Elie Gharib MD Physician	(i)	1,406,223	0	2,124	11,200	38,607	1,458,154	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> Nathan Kister MD Physician	(i)	1,326,598	0	54,760	11,200	38,607	1,431,165	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Mitchell Rashid MD Physician	(i)	1,318,448	0	247	11,200	37,667	1,367,562	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Nathan Menon MD Physician	(i)	1,060,273	30,000	31,229	11,200	14,203	1,146,905	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Dale Wood Fmr VP System Improv & CQO	(i)	18,650	0	1,199,214	746	0	1,218,610	936,599
	(ii)	0	0	0	0	0	0	0
<b>5</b> Rocky Blake Fmr VP Info Services	(i)	199,667	15,178	3,992	8,910	31,000	258,747	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Lillian Morris Fmr Interim CNO	(i)	149,826	24,017	20,609	7,063	3,503	205,018	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Charleston Area Medical Center Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
55-0526150

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A West Virginia Hospital Finance Authority	62-1256910	956624AQ3	06-19-2008	127,355,000	See Part VI		X		X		X
B West Virginia Hospital Finance Authority	62-1256910	956622F74	07-24-2014	50,641,160	See Part VI		X		X		X
C West Virginia Hospital Finance Authority	62-1256910	956622T95	06-04-2019	103,903,458	See Part VI		X		X		X
D West Virginia Hospital Finance Authority	62-1256910	xxxxxxxxx	06-04-2019	16,031,818	See Part VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	12,425,000						1,118,499	
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	130,398,907		50,641,160		104,147,943		16,031,818	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	2,071,347		640,714		1,328,174			
8	Credit enhancement from proceeds . . . . .	773,024							
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	94,470,515							
11	Other spent proceeds . . . . .	33,084,021		50,000,446		72,570,414		16,031,818	
12	Other unspent proceeds . . . . .					30,249,356			
13	Year of substantial completion . . . . .	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . . .								
a	Rebate not due yet? . . . . .		X		X	X		X	
b	Exception to rebate? . . . . .		X	X			X		X
c	No rebate due? . . . . .	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider . . . . .	Merrill Lynch Capital							
c	Term of hedge . . . . .	2920.0000000000 %							
d	Was the hedge superintegrated? . . . . .		X						
e	Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X		X			X
<b>b</b> Name of provider . . . . .			Wachovia		PNC Capital Markets LLC			
<b>c</b> Term of GIC . . . . .			1000.0000000000 %		24.0000000000 %			
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .			X		X			
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

<b>Return Reference</b>	<b>Explanation</b>
Date Rebate Computation Performed	Issuer Name: West Virginia Hospital Finance Authority Date the Rebate Computation was Performed: 06/30/2013

Return Reference	Explanation
Part II, line 11, column B:	

Return Reference	Explanation
Part I Line A (F) Description of purpose:	The proceeds for the 2008A Bonds were used to (i) currently refund the Series 1995A Bonds originally issued on 9/26/95, (ii) pay the costs of certain capital expenditures made, or to be made, by CAMC, refinance a bank loan, and (iii) pay the costs of issuing the Series 2008A Bonds, including certain fees of the bank. Difference between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

Return Reference	Explanation
Part I Line B (F) Description of purpose:	Description of purpose: The proceeds for the 2014A Bonds were used to (i) currently refund and extinguish a portion of the Series 2009A Bonds issued 9/10/2009 and (ii) pay the costs of issuing the 2014A Bonds.

Return Reference	Explanation
Part I Line C (F) Description of purpose:	Description of purpose: The proceeds for the 2019A Bonds were used to (i) To fund certain capital projects at various CAMC facilities (ii) refund on a current basis a portion of the Issuer's outstanding \$179,925,000 Hospital Revenue Refunding and Improvement Bonds (Charleston Area Medical Center, Inc.) 2009 Series A (issued 9/10/2009); and (iii) pay the Costs of Issuance of the Bonds.

Return Reference	Explanation
Part I Line D (F) Description of purpose:	The proceeds of the 2019B Bonds were used to provide money which was used to refund on a current basis the Issuer's outstanding Hospital Revenue Bonds (CAMC Teays Valley Hospital Project) issued 6/29/2017

Return Reference	Explanation
Part IV, Line 6, column A:	Such amounts were appropriately yield restricted.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$					
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$					

Part II

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

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

Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Audrey Goode	Family member of Jeffrey H. Goode, Officer	8,680	Scholarship	Nursing Scholarship
(2) Madison Shirkey Anderson	Family member of Eric D. Shouldis, MD, Trustee	10,000	Scholarship	Nursing Scholarship

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

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
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**Additional Data**

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Rick Crotty	Family member of Glenn Crotty Jr., MD, Officer	52,685	Employed by Organization		No
(1) Donna Bell	Family member of Stephen Z. Bell, Officer	162,528	Employed by Organization		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) John Snyder	Family member of Kristi Snyder, Officer	93,383	Employed by Organization		No
(1) Christine Oskin	Family member of Jeffrey L. Oskin, Officer	135,786	Employed by Organization		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Erik Reeder	Family member of Glenn Crotty, Jr., MD, Officer	41,513	Employed by Organization		No
(1) Kim Goode	Family member of Jeffrey H. Goode, Officer	41,805	Employed by Organization		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Alexis McCormick Whitler	Family member of Robert D. Whitler, Officer	34,724	Employed by Organization		No
(1) Kellie Teel	Family member of S. Andrew Weber, Officer	112,956	Employed by Organization		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) Alan Summers	Family member of Wanda Hightower, Trustee	10,724	Employed by Organization		No
(1) Janet Morris	Family member of Lillian Morris, Former Officer	71,522	Employed by Organization		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) Haley Smith	Family member of Heidi Edwards, Officer	56,645	Employed by Organization		No
(1) Barbara Covelli	Family member of Glenn Crotty Jr., MD, Officer	90,741	Employed by Organization		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) Matthew Griffith	Family member of James P. Griffith, Former Trustee	26,259	Employed by Organization		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . .				
24 Archeological artifacts . . . .				
Robotic Guidance	X	1	1,290,309	FMV
25 Other ► ( <u>System</u> )	X	2	307,225	FMV
Medical				
26 Other ► ( <u>Analyzers</u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

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

30a

Yes

No

No

b

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

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

No

32a

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

32a

Yes

No

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
Part I, Column (b):	Column (b) refers to the number of items contributed.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Charleston Area Medical Center Inc

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

55-0526150

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Increase in beneficial interest in CAMC Foundation 8,436,504. Change in Affiliate Receivables 995,199. Affiliate Transfers: CAMC Health System, Inc. and Subsidiaries -991,332. Change in Retirement Obligation -94,933. Change in Non-Controlling Interest -533,989.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Charleston Area Medical Center Inc

Employer identification number  
55-0526150

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CAMC Health Network PO Box 1547 Charleston, WV 253261547 83-1560412	Integrator of Care	WV	1,295,000	242,000	Charleston Area Medical Center Inc

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CAMC Health System Inc PO Box 1547  Charleston, WV 253261547 55-0664138	Parent Company	WV	501(c)(3)	Line 12C	N/A		No
(2) CAMC Health Education and Research Institute Inc PO Box 1547  Charleston, WV 253261547 55-0753754	Medical Educational Research	WV	501(c)(3)	Line 12B	CAMC Health System Inc	Yes	
(3) CAMC Foundation Inc PO Box 1547  Charleston, WV 253261547 31-0887133	Fundraising	WV	501(c)(3)	Line 12C	CAMC Health System Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Women and Children's Medical Office Building LLC PO Box 1547 Charleston, WV 253261547 55-0669065	Medical Office Building	WV	Charleston Area Medical Center Inc	Related	383,738	3,245,680		No		Yes		96.130 %
<b>(2)</b> General Division Medical Office Building LLC PO Box 1547 Charleston, WV 253261547 55-0623949	Medical Office Building	WV	Charleston Area Medical Center Inc	Related	448,550	713,019		No		Yes		79.930 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> Vandalia Insurance Company 76 St Paul St Ste 500 Burlington, VT 05401 03-0308754	Insurance	VT	Charleston Area Medical Center Inc	C	86,084	19,135,673	100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CAMC Foundation Inc	C	2,985,963	Fair Market Value
CAMC Foundation Inc	K	591,447	Contract
CAMC Foundation Inc	L	247,052	Fair Market Value
CAMC Foundation Inc	Q	771,987	Fair Market Value
CAMC Health Education and Research Institute Inc	C	200,577	Fair Market Value
CAMC Health Education and Research Institute Inc	R	4,650,027	Fair Market Value
CAMC Health Education and Research Institute Inc	J	214,836	Contract
CAMC Health Education and Research Institute Inc	L	541,539	Fair Market Value
CAMC Health Education and Research Institute Inc	M	18,034,765	Fair Market Value
CAMC Health Education and Research Institute Inc	P	478,804	Fair Market Value
CAMC Health Education and Research Institute Inc	Q	5,483,277	Fair Market Value
CAMC Health Education and Research Institute Inc	S	1,527,666	Fair Market Value
Women and Children's Medical Office Building LLC	C	384,518	Fair Market Value
General Division Medical Office Building LLC	C	319,725	Fair Market Value
Women and Children's Medical Office Building LLC	K	1,263,150	Contract
General Division Medical Office Building LLC	K	1,020,389	Contract
Women and Children's Medical Office Building LLC	L	263,608	Fair Market Value
General Division Medical Office Building LLC	L	202,154	Fair Market Value
Women and Children's Medical Office Building LLC	Q	93,588	Fair Market Value
General Division Medical Office Building LLC	Q	77,675	Fair Market Value
Vandalia Insurance Company	B	75,000	Fair Market Value