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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable	Please use IRS label or print or type. See Specific Instructions	C Name of organization City Hospital, Inc	D Employer identification number
[X] Address change		Doing Business As	55-0383321
[ ] Name change		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
[ ] Initial return		2000 Foundation Way 2310	304-264-1000
[ ] Terminated		City or town, state or country, and ZIP + 4	G Gross receipts $ 115,223,896
[X] Amended return		Martinsburg WV 25401	
[ ] Application pending		F Name and address of principal officer: Christopher Knight 2000 Foundation Way Suite 2310, Martinsburg, WV 25	H(a) Is this a group return for affiliates? [ ] Yes [X] No
			H(b) Are all affiliates included? [ ] Yes [ ] No
			If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www wvuh-east org

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1940

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: City Hospital is a non profit acute care hospital providing high-quality health and wellness services to the residents of the Eastern Panhandle of WV, expanding access to care, and participating in the education of healthcare professionals City Hospital provides these services to patients in need without consideration of their 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	1,239
6	Total number of volunteers (estimate if necessary)	6	117
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,831	20,681
9	Program service revenue (Part VIII, line 2g)	111,969,232	112,857,969
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-313,305	745,926
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	948,163	1,342,830
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,639,921	114,967,406
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,124,675	5,570,758
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)	54,033,097	55,321,514
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	58,635,245	61,359,954
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	116,793,017	122,252,226
19	Revenue less expenses Subtract line 18 from line 12	-4,153,096	-7,284,820

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	65,183,184	89,187,253
21	Total liabilities (Part X, line 26)	36,566,815	64,479,379
22	Net assets or fund balances Subtract line 21 from line 20	28,616,369	24,707,874

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 Christopher Knight Date 11/16/10

Type or print name and title: Christopher Knight VP Finance

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

(HTA)

SCANNED DEC 28 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
City Hospital is a non-profit acute care hospital located in the Eastern Panhandle of WV The mission of City Hospital is to provide high quality, cost effective health and wellness services to the community.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 39,107,925 including grants of $ 0) (Revenue $ 76,381,174)
City Hospital provides general medical services to the residents in the Eastern Panhandle region of WV Such services include family medicine, internal medicine, observation, a fully accredited cancer center, and outpatient ancillary testing During 2009, City Hospital documented 127,974 ancillary tests, and 2,616 observation visits

4b (Code) (Expenses $ 7,572,146 including grants of $ 0) (Revenue $ 14,789,058)
The General Surgery department at City Hospital is staffed by specialists and general surgeons offering the latest in surgical techniques including laproscopic procedures, lithotripsy, same day/ambulatory surgery. Same day surgery visits for 2009 totaled 6,208

4c (Code) (Expenses $ 6,324,130 including grants of $ 0) (Revenue $ 12,351,576)
In Septermber 2009 City Hospital Inc opened a new 18-bed Orthopedic Unit The unit is tailored toward personal care, patient comfort and privacy The unit features a dedicated orthopedic nursing staff supported by staff from rehabilitation, care management, nutrition, and respiratory therapy The team specializes in the care of patients following orthopedic surgery including total joints, fractures and knee and hip replacements Orthopedic patient days in 2009 totaled 3,370

4d Other program services. (Describe in Schedule O)
(Expenses $ 26,185,543 including grants of $ 0) (Revenue $ 27,431,088)

4e **Total program service expenses** ► 79,189,744

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	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*			
•	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*			
•	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*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X, No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	105		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,239		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ► ---------- See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Christopher Knight (304) 264-1358
2000 Foundation Way Suite 2310, Martinsburg, WV 25401

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
J Wayne Lancaster Chair	1	X						0	0	0
Don Mickey Vice - Chair	1	X						0	0	0
Walter Washington Secretary	1	X						0	0	0
Robert F. Baronner Jr Director	1	X						0	0	0
Albert Pilkington III President/CEO WVUH - East	1	X		X				0	0	0
Max Oates, Jr Director	1	X						0	0	0
Douglas Widmeyer Treasurer	1	X						0	0	0
Fred Butcher, PhD Director	1	X						0	0	0
Jeffrey DeBord, DO Director	1	X						0	0	0
Sheila Hamilton Director	1	X						0	0	0
Randall Linn Sheetz Director	1	X						0	0	0
Mitch Jacques, M D Director	1	X						0	0	0
Robert E Jones III Director	1	X						0	0	0
Dawn Jones, M D Director	1	X						0	0	0
Rick Pill Director	1	X						0	0	0
Michael Groves VP Nursing	50.			X				162,535	0	13,258

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
James Paskert VP Med Affairs	50			X				186,334	0	5,487
Anthony Zelenka CAO	50			X				211,964	0	22,590
Carol Crosmun Pharmacist	40					X		123,192	0	6,369
Charles Steg, Jr Pharmacist	40					X		130,507	0	4,833
E Christian Miller Pharmacy Director	40					X		136,854	0	12,488
Denver Dehaven Pharmacist	40					X		124,972	0	6,487
Karla Demarco Pharmacist	40					X		124,162	0	205
								0	0	0
1b **Total** ▶								1,200,520	0	71,717

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 25

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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

(A) Name and business address		(B) Description of services	(C) Compensation
Martin & Seibert	1164 Winchester Avenue, Martinsburg, WV 25	Collections	769,346
Quest Diagnostics	14225 Newbrook Drive, Chantilly, VA 20151	Lab Services	583,029
Sodexo	PO Box 536922, Atlanta , GA 30353-6922	Food Service Vendor	510,110
Howard Shockey & Sons	PO Box 2530, Winchester, VA 22604	General Contractor	925,006
Woman & Child	1004 Tavern Rd, Martinsburg, WV 25401	Physicians Services	532,112

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	9,752				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,929				
	g Noncash contributions included in lines 1a-1f $		0				
	h **Total.** Add lines 1a–1f		▶	20,681			
Program Service Revenue		Business Code					
	2a Patient Services			112,064,390	112,064,390		
	b Wellness Center			790,922	790,922		
	c Lifeline			2,657	2,657		
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f		▶	112,857,969			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	1,002,416			1,002,416
	4 Income from investment of tax-exempt bond proceeds		▶	0			
	5 Royalties		▶	0			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)		▶	0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less cost or other basis and sales expenses	0	256,490				
	c Gain or (loss)	0	-256,490				
	d Net gain or (loss)		▶	-256,490			-256,490
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events		▶	0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less. direct expenses	b	0				
	c Net income or (loss) from gaming activities		▶	0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		▶	0			
	Miscellaneous Revenue	Business Code					
	11a Cafeteria Income			369,567			369,567
	b Patient Pharmacy			621,439			621,439
	c Cash Discounts			278,950			278,950
	d All other revenue			72,874			72,874
	e **Total.** Add lines 11a–11d		▶	1,342,830			
	12 **Total revenue.** See instructions.		▶	114,967,406	112,857,969	0	2,088,756

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	5,570,758	5,570,758		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	602,169		602,169	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	41,472,528	35,648,235	5,824,293	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,392,608	1,197,034	195,574	
9 Other employee benefits	8,442,584	7,292,460	1,150,124	
10 Payroll taxes	3,411,625	2,932,505	479,120	
11 Fees for services (non-employees)				
a Management	57,904		57,904	
b Legal	91,869		91,869	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	15,995,361	6,651,584	9,343,777	
12 Advertising and promotion	13,140	549	12,591	
13 Office expenses	20,582,952	18,906,218	1,676,734	
14 Information technology	464,842	102,631	362,211	
15 Royalties	0			
16 Occupancy	1,663,769	409,358	1,254,411	
17 Travel	108,706	56,660	52,046	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	737,863	12	737,851	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,091,337	0	5,091,337	0
23 Insurance	2,014,347		2,014,347	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Provision for Doubtful Accounts	10,205,030		10,205,030	
b Association Dues	240,203	60,376	179,827	
c Educational Training	27,805	10,837	16,968	
d Taxes, Licenses, & Fees	3,584,100	20,889	3,563,211	
e Recruiting	324,232	276,967	47,265	
f All other expenses Other Business Related Expen	156,494	52,671	103,823	
25 **Total functional expenses.** Add lines 1 through 24f	122,252,226	79,189,744	43,062,482	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,543,570	1	32,490
	2	Savings and temporary cash investments		1,400,207	2	28,918,351
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		14,009,102	4	12,273,719
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		635,076	7	1,746,471
	8	Inventories for sale or use		1,343,771	8	1,518,723
	9	Prepaid expenses and deferred charges		460,234	9	270,002
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 81,151,803			
	b	Less accumulated depreciation	10b 54,815,587	24,597,815	10c	26,336,216
	11	Investments—publicly traded securities		15,187,684	11	15,648,955
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		6,005,725	15	2,442,326
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		65,183,184	16	89,187,253
Liabilities	17	Accounts payable and accrued expenses		4,772,186	17	5,346,128
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		21,817,901	20	49,436,551
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		9,976,728	25	9,696,700
	26	**Total liabilities.** Add lines 17 through 25		36,566,815	26	64,479,379
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		28,616,369	27	24,707,874
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		28,616,369	33	24,707,874
	34	Total liabilities and net assets/fund balances		65,183,184	34	89,187,253

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

City Hospital, Inc

Employer identification number

55-0383321

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . .	**14**	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14 . . .	**15**	0.00%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support test–2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

17a **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . ▶ ☐

b **10%-facts-and-circumstances test–2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0				0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests–2009.** 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–2008.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information See instructions

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
City Hospital, Inc	55-0383321

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . ☐ Yes ☐ No

4a Was a correction made? . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $ 0

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

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.

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

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		0
c	Total lobbying expenditures (add lines 1a and 1b)	0	0
d	Other exempt purpose expenditures		0
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0
f	Lobbying nontaxable amount Enter the amount from the following table in both columns.	0	0
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	10,399	10,669	12,860	12,507	46,435
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	10,399	10,669	12,860	12,507	46,435

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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

City Hospital, Inc

Employer identification number

55-0383321

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 pleasure) ☐ 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $ ----------

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

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

a ☐ Public exhibition
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 XIV.

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" to 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 XIV and complete the following table.

		Amount
c Beginning balance	1c	0
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ____ %
b Permanent endowment ▶ ____ %
c Term endowment ▶ ____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	106,462		106,462
b Buildings	0	21,604,718	12,519,860	9,084,858
c Leasehold improvements	0	0	0	0
d Equipment	0	51,927,053	38,271,328	13,655,725
e Other	0	7,513,570	4,024,399	3,489,171
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				26,336,216

Part VII Investments—Other Securities. 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
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15)* ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	0
Accrued wages, benefits and payroll taxes	3,875,440
Malpractice Liability	698,860
Accrued pension benefits	1,263,831
Accrued bond interest	90,178
Due to third Party Payors	231,000
Interest Rate Swaps	904,251
Self Insurance Liability	2,633,140
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,696,700

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	114,967,406
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,252,226
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,284,820
4	Net unrealized gains (losses) on investments	4	3,359,048
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,277
9	Total adjustments (net). Add lines 4 through 8	9	3,376,325
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-3,908,495

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	116,289,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,322,300		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,322,300
3	Subtract line **2e** from line **1**			3	114,967,406
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	114,967,406

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	114,654,498
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-7,597,728		
e	Add lines **2a** through **2d**			2e	-7,597,728
3	Subtract line **2e** from line **1**			3	122,252,226
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	122,252,226

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part X Line 2 The annual audit and financial statements of City Hospital are prepared on a consolidated basis as a member of the WV United Health System. The System accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met There were no tax uncertainties that met the recognition threshold in 2009

Part XIII Line 2d The amount shown on line 2d $7,597,728 consists of $5,568,758 Related

Part XIV Supplemental Information *(continued)*

Organization Capitalization reported on the balance sheet and $2,028,970 Unrealized gain on debt instruments also reported on the balance sheet

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
City Hospital, Inc.

Employer identification number
55-0383321

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. [X] Applied uniformly to all hospitals [ ] Applied uniformly to most hospitals [ ] Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care [ ] 100% [ ] 150% [X] 200% [ ] Other _____%	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____%	3b		X
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
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		X
6a	Does the organization prepare an annual community benefit report?	6a		X
b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)		1,455	3,312,431	0	3,312,431	2 96%
b Unreimbursed Medicaid (from Worksheet 3, column a)		25,429	19,746,731	11,156,525	8,590,206	7.67%
c Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b)			337,348	294,565	42,783	0 04%
d **Total** Charity Care and Means-Tested Government Programs	0	26,884	23,396,510	11,451,090	11,945,420	10 67%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			166,698	9,346	157,352	0.14%
f Health professions education (from Worksheet 5)			376,071	122,712	253,359	0 23%
g Subsidized health services (from Worksheet 6)			0	0	0	0.00%
h Research (from Worksheet 7)			0	0	0	0 00%
i Cash and in-kind contributions to community groups (from Worksheet 8)			51,919	0	51,919	0.05%
j **Total.** Other Benefits	0	0	594,688	132,058	462,630	0.42%
k **Total.** Add lines 7d and 7j	0	26,884	23,991,198	11,583,148	12,408,050	11.09%

Part II Community Building Activities Complete this table if the organization conducted any community building activities

		(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			5,225	0	5,225	0 00%
2	Economic development			2,500	0	2,500	0 00%
3	Community support			12,116	0	12,116	0.01%
4	Environmental improvements					0	0 00%
5	Leadership development and training for community members					0	0 00%
6	Coalition building			2,569	0	2,569	0 00%
7	Community health improvement advocacy					0	0 00%
8	Workforce development			2,500	0	2,500	0 00%
9	Other					0	0 00%
10	Total	0	0	24,910	0	24,910	0.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X		
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,348,456		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	586,680		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,959,557		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	42,563,160		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,603,603		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	X		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b			X

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1			0 00%	0 00%	0 00%
2			0.00%	0 00%	0 00%
3			0 00%	0 00%	0 00%
4			0.00%	0 00%	0.00%
5			0 00%	0 00%	0.00%
6			0.00%	0 00%	0 00%
7			0 00%	0.00%	0.00%
8			0.00%	0 00%	0.00%
9			0 00%	0 00%	0 00%
10			0 00%	0 00%	0 00%
11			0.00%	0.00%	0 00%
12			0 00%	0 00%	0 00%
13			0 00%	0.00%	0 00%
14			0.00%	0 00%	0.00%

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
City Hospital, Inc 2000 Foundation Way Suite 2310 Martinsburg WV 25401	X	X		X			X		

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a, Part I, line 7g; Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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.)

7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

See Attached Statement(s)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

City Hospital, Inc.

Employer Identification number

55-0383321

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? . . . . . [X] 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (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
WVUH-East Services 2000 Foundation Way Suite 2310		501(c)(c3)	5,013,758	0			Physician Support
City Foundation 2000 Foundation Way Suite 2310		501(c)(3)	555,000	0			General Support
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
City Hospital, Inc

Employer identification number
55-0383321

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Groves	(i)	162,121	0	0	0	13,672	175,793	0
	(ii)	0	0	0	0	0	0	0
James Paskert	(i)	175,843	9,866	0	0	6,112	191,821	0
	(ii)	0	0	0	0	0	0	0
Anthony Zelenka	(i)	209,278	1,912	0	0	23,364	234,554	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
City Hospital, Inc

Employer identification number
55-0383321

Part I — Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
City Hospital, Inc.	55-0383321

Form 990, Part III, Line 4d: Program Service Expenses 26,185,543, Grants and allocations: 0, Revenue 27,431,088 City Hospital, Inc is a not-for-profit facility that operates twenty-four hours a day, seven days a week. The hospital provides acute care services, as well as emergency and specialty patient care It serves as part of a regional health system, WVUH-East which serves Berkeley, Jefferson and Morgan Counties City Hospital serves as a clinical education site for WVU, the WV School of Osteopathic Medicine and other universities and community colleges in the area The Erma Byrd Health Professions Education Center, which houses WVU's Robert C Byrd Health Sciences Center-Eastern Division, is also located on the City Hospital campus

Form 990 Part IV Line 12A The consolidated financial statements are audited at the system level Even though the audit is performed at the system level, each company's audit/finance committee members participate in the annual audit planning with the independent auditors In addition, the audit/finance members of each company have special meetings to review the audit report, SAS 114, SAS 115, and the Constructive Service Letter (CSL) with the auditors. The SAS 115 and CSL are detailed by company where deficiencies are identified The audit work itself is actually performed at the company level

Form 990 Part VI Section B Line 11A The Form 990 is prepared by the WVUH tax accountant and then reviewed by the WVUH-East Controller Upon approval at this level, it is reivewed by WVUH-East's Vice President of Finance After gaining approval from the VP of Finance, it is then presented to all of the Board Members for a final review Upon approval by the Board of Directors, it is signed and submitted to the IRS

Form 990 Part Vi Section B Line 12c All Board Members are required to disclose, annually, any relationship which may lead to a potential conflict of interest

Form 990 Part VI Section B Line 15b The compensation of all executives is determined through the use of an independent salary consulting firm compiling the compensation data of comparable organizations in comparable geographic locations This data is then used by an independent

Name of the organization	Employer identification number
City Hospital, Inc.	55-0383321

compensation committee to set the compensation for each executive. The data and supporting documentation are retained and documented.

Form 990 Part VI Section C Line 19 All financial and governing documents are retained onsite and are made available to the public upon request.

Form 990 Corrections were made to the Cost-to-Charge Ratio Calculation, resulting in changes to Schedule H Part I Line 7 Column C, Total Community Benefit Expense, and Part III Line 3.

Schedule K Bond issuances allocated to City Hospital, Inc are being reported on Schedule K of West Virginia University Hospitals, Inc (EIN 55-0643304). West Virginia University Hospitals, Inc is a 501(c)(3) and is the parent hospital of City Hospital, Inc

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
City Hospital, Inc

Employer identification number
55-0383321

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

(a) Name, address, and EIN 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
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
West Virginia United Health System, Inc. 55-0754713 1000 Technology Drive, Fairmont, WV 26554	Patient Access	WV	501(C)(3)	11 a	N/A
West Virginia University Hospitals 55-0643304 P.O Box 8034, Morgantown, WV 26506	Patient Care	WV	501(C)(3)	3	N/A
West Virginia University Hospitals, East 20-2337985 2000 Foundation Way, Martinsburg, WV 25401	Patient Access	WV	501(C)(3)	11a	N/A
Jefferson Memorial Hospital, Inc. 55-0359755 2000 Foundation Way, Martinsburg, WV 25401	Patient Care	WV	501(C)(3)	3	N/A
City Hospital Foundation 31-1118075 2000 Foundation Way, Martinsburg, WV 25401	Hospital Support	WV	501(C)(3)	11a	N/A
Jefferson Healthcare Foundation, Inc. 55-0768901 2000 Foundation Way, Martinsburg, WV 25401	Hospital Support	WV	501(C)(3)	11a	N/A
WVUH-East Services, Inc 31-1118076 2000 Foundation Way, Martinsburg, WV 25401	Patient Care	WV	501(C)(3)	3	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
Allied Health Services, Inc. 55-0652017 P.O Box 782, Morgantown, WV 26507	Medical Lab	WV	N/A	C Corp	0	0	%
West Virginia United Insurance Services, Inc. 55-0756055 1000 Technology Drive, Suite 2320, Fairmont, WV 26554	Provider Network	WV	N/A	C Corp	0	0	%
Jefferson Health Enterprises, Inc. 55-0755627 2000 Foundation Way, Martinsburg, WV 25401	Urgent Care	WV	N/A	C Corp	0	0	%
WVUH-East Enterprises 55-0653982 2000 Foundation Way, Martinsburg, WV 25401	Medical Equip	WV	N/A	C Corp	554,242	2,073,486	100 00%
					0	0	%
					0	0	%
					0	0	%

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

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

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	Jefferson Memorial Hospital	k	360,159
(2)	City Hosptial Foundation	j	425,072
(3)	West Virginia University Hospitals-East, Inc	o	6,125,320
(4)			0
(5)			0
(6)			0

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		

Part II **Continuation of Identification of Related Tax–Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Gateway Healthcare Properties 55-0660916 2000 Foundation Way, Martinsburg, WV 25401	Property Management	WV	501(C)(2)	N/A	N/A
United Hospital Center, Inc 55-0525724 P O. Box 1680, Clarksburg, WV 26302	Patient Care	WV	501(C)(3)	3	N/A
United Physicians Care, Inc 55-0638563 686 South Pike Street, Shinnston, WV 26431	Patient Care	WV	501(C)(3)	3	N/A
United Summit Center, Inc 55-0752788 6 Hospital Plaza, Clarksburg, WV 26301	Behavioral Health	WV	501(C)(3)	3	N/A
West Virginia Health Care Coop. 55-0650441 P O. Box 8059, Morgantown, WV 26506	Support	WV	501(C)(3)	11a	N/A
United Health Foundation 55-0621706 P O. Box 1680, Clarksburg, WV 26301	Hospital Support	WV	501(C)(3)	11a	N/A

Part VI, Line 1 (Sch H (990)) - Supplemental Information, Required Descriptions

Description required for Part I, line 3c	Description required for Part I, line 6a
City Hospital uses 200% Federal Poverty Guideline to determine free care eligibility However, City Hospital does not offer discounted care to individuals who do not qualify for free care	Community benefit amounts for City Hospital, Inc. are reported on West Virginia United Health System's website www wvunitedhealthsystem org under community responsibility report.

Description required for Part I, line 7, column (f)	Description required for Part I, line 7
Total community benefit expense for the year is $23,991,198 and is 21 41% of total expenses To calculate net expense, bad debt of $10,205,030 was deducted from total expenses of $122,252,226, as as shown in Part IX Line 25 of the core From 990	Worksheet 2 from the IRS Schedule H instructions was used to derive the Cost-to-charge ratio, which was used to calculate Charity Care at cost, Unreimbursed Medicaid and other means-tested government programs at cost. To calculate the Medicare allowable cost shown in Part III question 8 we used the allowable cost from the Medicare Cost report.

Description required for *Part III, line 4*	Description required for *Part III, line 8*
City Hospital's footnote for Accounts Receivable - patients states: accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. The allowance for doubtful accounts is estimated based upon a periodic review of the accounts receivable aging, payor clasifications, and application of historical write-off percentages.	Part III Line 6 was calculated using total cost from the Medicare Cost Report less Medicare reimbursement of direct GME. City Hospital's shortfall of $7,603,603 on Medicare programs should be considered a community benefit because we are relieving a government burden by providing care in excess of our costs to these patients.
City Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid, and various commercial insurance companies. CHI maintains allowances for potential credit losses and such losses have historically been within management's expectations	
Bad Debt Expense at Cost was calculated by multiplying bad debt expense of $10,205,030 by our cost-to-charge ratio of 52.41% for a total of $5,348,456	
Estimated bad debt attributable to patients eligible for charity was calculated by pulling all outstanding patient balances of $25,000 or greater from our patient accounting system That report totaled $1,119,405, which was then multiplied by the cost-to-charge ratio of 52 41% for a total of $586,680	
We feel that, at a minimum, the estimated bad debt attributable to patients eligible for charity care of $586,680 should be considered community benefit due to the fact that a patient with an outstanding balance of $25,000 or greater usually qualifies as catastrophic if the patient completes the application process. In our Charity Care policy, we define catastrophic care as any illness or injury that will likely require continuous or frequent treatment for more than one year	

Description required for Part III, line 9b	Description required for Part V
City Hospital does have a debt collection policy The policy does not yet address collection practices to be followed for patients who are known to qualify for charity care or financial assistance	City Hospital Inc. is a not-for-profit facility that operates twenty-four hours a day, seven days a week The hospital provides acute care services, as well as emergency and specialty patient care It serves as a clinical education site for WVU, WV School of Osteopathic Medicine, and other universities and community colleges in the area The Erma Byrd Health Professions Education Center, which houses the Robert C Byrd Health Sciences Center-Eastern Division is located on the City Hospital campus City Hospital has a Level III Trauma Center and a fully accredited Cancer Program which offers cancer drug clinical trials through its affiliation with the Mary Babb Randolph Cancer Center in Morgantown, WV. City Hospital's state of the art imaging services include but are not limited to 64-slice CT, PET-CT, SPECT CT, MRI, Open Bore MRI, ultrasound and digital mammography. In June 2009, City Hospital opened a temporary Cardiac Catherization Lab to perform diagnostic catherizations, and a $28 million expansion project was launched at City Hospital in 2009 to include a new cardiac catherization lab, 20-bed ICU/CC and expanded Emergency Department which will accommodate up to 65,000 patient visits per year

Part VI, Line 2 (Sch H (990)) - Supplemental Information, Needs Assessment

Describe how the organization assesses the health care needs of the community it serves.

City Hospital Inc is part of West Virginia University Hospitals - East, Inc, a healthcare system serving the Eastern Panhandle of West Virginia. The WVUH-East Marketing Department considers several components in assessing how the organziation determines the needs of the communities it serves. Through outside consultants to collaborating with various departments, a needs assessment takes into account several factors including physician to population ratios, physician availability in the entire service area, and general health risks for our community. The Primary Service Area (PSA) for WVUH-East includes: Berkeley County, WV and Jefferson County, WV with Morgan County, WV being a secondary service area This data is then analyzed to provide a general estimate as to where WVUH-East could better care for residents of West Virginia's Eastern Panhandle.

Sources utilized to help gather this information come from a variety of areas Physician distribution and population data comes from the American Medical Association and the U S. Census Bureau, and the general health risk for our community comes from clinical diagnosis information gathered by the West Virginia Health Care Authority and Thomson Reuters Market Planner Plus We also conducted market research to ask consumers how they perceive the health system and where they go for health care services. Once all the data is gathered to determine where residents of West Virginia are going for care and what types of services they are receiving, a needs assessment can then begin based on physician distribution and population estimates. WVUH-East is working with other local organzations in a project known as MAPP(Mobilizing for Action through Planning and Partnerships) to create and implement a community health improvement plan

Part VI, Line 3 (Sch H (990)) - Supplemental Info, 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 charity care policy.

City Hospital employs 4 financial analysts to meet with patients to discuss financial eligibility for our charity care program. City Hospital has the qualification requirements, as well as, applications for charity care available at all registration areas. Patients that do not qualify for state or federally funded programs can apply for the charity care program at City Hospital.

Part VI, Line 4 (Sch H (990)) - Supplemental Information, Community Information

Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

City Hospital is a non-profit acute care hospital located in Berkeley County, WV (population 103,845) in the city of Martinsburg, WV, the most populous city in the Eastern Panhandle, with a total population of 17,117 residents The Primary Service Area for City Hospital consists of Berkeley County, WV and Jefferson County, WV, with an extended service area including Morgan County, WV The 2008 market share for City Hospital's Primary Service Area is 41 58% with 25 3% of those patients covered by Medicaid and 7 1% uninsured Jefferson Memorial Hospital, a non-profit critical access hospital under common management, is located within the Primary Service Area and War Memorial Hospital is located in the extended service area of Morgan County, WV

Berkeley County has a population of 103,845, an average household income of $29,146, and an unemployment rate of 4 7% 11 2% of Berkeley County residents fell below the federal poverty guideline for 2008 (FPG 2008) according to the U S Census Bureau Jefferson County's population is 52,750, with average household income of $35,701 and unemployment of 3 7% 9 9% of Jefferson County residents fell below FPG 2008 Morgan County, WV, the extended service area of City Hospital, has a population of 16,385, average household income of $33,788 and unemployment of 8 39% 12 1% of Morgan County residents were below FPG 2008

Part VI, Line 5 (Sch H (990)) - Supplemental Information, Community Building Activities

Describe how the organization's community building activities promote the health of the communities the organization serves.

Physical improvements and housing - City Hospital employees spent a weekday volunteering at two local social service agencies City Hospital also provided the kick-off breakfast for all 500 volunteers throughout the Eastern Panhandle
Economic Development - In 2009, hospital representatives participated as members of the Berkeley County Development Authority and the Region 9 Planning Council during work hours
Community Support - City Hospital supports and participates in many health related community activities by providing judges for science fairs at the local schools We have teams that participate in the annual March of Dimes Walk in Berkeley County, American Cancer Society Relay for Life in Berkeley County and various other fundraising events for local, health related, non-profit organizations. Many employees serve as volunteer board of directors for community non-profit organizations such as Hospice of the Panhandle, Boys & Girls Club of the Eastern Panhandle, Eastern Panhandle Free Clinic and the United Way of the Eastern Panhandle
Coalition Building - City Hospital staff participate in the Health & Human Services Council as well as Healthier Berkeley County All of these activities focus on improving community access to health care, human services in general, and determining ways to encourage healthy lifestyles.
Community health improvement advocacy - City Hospital is a partner in the MAPP project which is a collaborative iniative to assess community social services needs and develop a plan to tackle these issues.
Workforce development - City Hospital participates in activities sponsored by the Martinsburg Berkeley County Chamber's Workforce Development Committee City Hosptial is also a major sponsor of the Women's Network, which is an organization established by the Berkeley County Chamber, which sponsors women's professional activities, social network and professional development seminars

Part VI, Line 6 (Sch H (990)) - Supplemental Information, Exempt Purpose Furthered

Provide any other information important to describing how the organization's hospitals 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).

The CHI board of directors is a community board, with fourteen of the fifteen members living in or around Martinsburg, WV The remaining board member lives in Morgantown, WV and has connections to CHI through WV United Health System. Having members living outside our PSA allows us to be more aware of the healthcare needs in other areas of West Virginia Thirteen of the fifteen board members are neither employees nor contractors, nor family members thereof.

CHI extends medical privilages to all qualified medical staff in Berkeley County and surrounding communities to meet its healthcare needs

CHI allocates available funding to capital purchases and expanded services to improve patient care, support medical education in Berkeley County and surrounding counties in West Virginia and bordering states

In 2009, City Hospital started offering discounted screening in response to a struggling economy Recognizing that individuals were putting off schedulng routine, preventive testing such as mammograms and blood work, CHI offered Discounted Mammogram Clinics in October and November and Discounted Cardiac Calcium Scoring Clinics in December. The clinics were successful in servicing over 150 patients.

Our Mini-Medical School Program, which is held 6 times per year in Berkeley County is a community health education program featuring local physicians and topics that address health needs in our communities The program is sponsored jointly with WVUH-East and the WVU Robert C Byrd Health Sciences Center Eastern Division It is free to the community with an average attendance of 75-100 in Berkeley County

Part VI, Line 7 (Sch H (990)) - Supplemental Information, Affiliated Health Care System

If the organization is part of an affiliated health care system, describe the respective roles of the organization and it's affiliates in promoting the health of the communities served

City Hospital is a part of the WV United Health System As a part of the System, City Hosptial plays a significant role in improving the general health care of the community. The strategic plan of the System states intent to build a regional health care delivery system in its service areas while offering a variety of options for providers who want to participate The System maintains a demonstrated commitment to assist rural communities in preserving and improving the health care available to the patients it serves System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the System's service areas Other hospitals in the System include United Hospital Center, located more centrally in the state, Jefferson Memorial Hospital, which is located in the Eastern Panhandle of WV, and West Virginia University Hospitals located in Morgantown, WV