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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><br><input type="checkbox"/> Name change<br><br><input type="checkbox"/> Initial return<br><br><input type="checkbox"/> Final return/terminated<br><br><input type="checkbox"/> Amended return<br><br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>City Hospital Inc                                                                             |                                 | <b>D</b> Employer identification number<br><br>55-0383321                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                               | Doing business as<br>Berkeley Medical Center                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                               | Number and street (or P O box if mail is not delivered to street address)<br>2000 Foundation Way Room 2310                     | Room/suite                      | E Telephone number<br><br>(304) 264-1000                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                               | City or town, state or province, country, and ZIP or foreign postal code<br>Martinsburg, WV 25401                              |                                 | <b>G</b> Gross receipts \$ 172,005,585                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                               | <b>F</b> Name and address of principal officer<br>Kathleen Quinones<br>2000 Foundation Way Suite 2310<br>Martinsburg, WV 25401 |                                 | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |  |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                |                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                              |  |
| <b>J</b> Website: ▶ www.wvuniversityhealthcare.com                                                                                                                                                                                                                                                                            |                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                              |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                                            |                                                                                                                                | <b>L</b> Year of formation 1940 | <b>M</b> State of legal domicile WV                                                                                                                                                                                                                                                                                          |  |

Part I Summary

|                             |            |                                                                                                                                                                                                                                   |                           |              |
|-----------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>Berkeley Medical is a nonprofit acute care hospital providing high-quality health wellness services to the residents of the Eastern Panhandle of WV |                           |              |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                            |                           |              |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                 | <b>3</b>                  | 15           |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                     | <b>4</b>                  | 15           |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                                                                                                                                                      | <b>5</b>                  | 1,579        |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)                                                                                                                                                                                | <b>6</b>                  | 80           |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                              | <b>7a</b>                 | 0            |
|                             | <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                    | <b>7b</b>                 |              |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                     | Prior Year                | Current Year |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                      | 163,249                   | 154,820      |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d )                                                                                                                                                                    | 167,633,031               | 166,955,270  |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                          | 974,809                   | 776,209      |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                  | 4,290,016                 | 3,847,514    |
|                             |            |                                                                                                                                                                                                                                   | 173,061,105               | 171,733,813  |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3 )                                                                                                                                                                 | 144,409                   | 5,415        |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                     |                           | 0            |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                 | 71,556,384                | 74,678,006   |
|                             | <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                     |                           | 0            |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶0                                                                                                                                                                      |                           |              |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                      | 97,124,297                | 89,987,167   |
|                             | <b>18</b>  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                          | 168,825,090               | 164,670,588  |
|                             | <b>19</b>  | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                               | 4,236,015                 | 7,063,225    |
| Net Assets or Fund Balances |            |                                                                                                                                                                                                                                   | Beginning of Current Year | End of Year  |
|                             | <b>20</b>  | Total assets (Part X, line 16)                                                                                                                                                                                                    | 111,379,722               | 120,000,965  |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)                                                                                                                                                                                               | 79,444,307                | 81,922,822   |
|                             | <b>22</b>  | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                         | 31,935,415                | 38,078,143   |

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            |                      | 2015-11-16   |                                                      |
|                        |                                 |                      | Date         |                                                      |
| Paid Preparer Use Only | Kathleen Quinones VP of Finance |                      |              |                                                      |
|                        | Type or print name and title    |                      |              |                                                      |
|                        | Print/Type preparer's name      | Preparer's signature | Date         | Check <input type="checkbox"/> if self-employed PTIN |
|                        | Firm's name ▶                   |                      | Firm's EIN ▶ |                                                      |
|                        | Firm's address ▶                |                      | Phone no     |                                                      |

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

The mission of Berkeley Medical is to provide high quality, cost effective health and wellness services to the community BMC provides these to patients in need without consideration of their ability to pay

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 53,430,901 including grants of \$ ) (Revenue \$ 56,253,181 )

Berkeley Medical 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 2014, Berkeley Medical documented 142,753 ancillary tests, and 3,048 observation visits

4b

(Code ) (Expenses \$ 7,823,108 including grants of \$ ) (Revenue \$ 8,236,334 )

In November 2012 a new Outpatient Oncology suite was opened to serve patients of Berkeley Medical by offering physician offices as well as an expanded outpatient treatment center in the same location, giving us the ability to treat an expanded number of patients Berkeley Medical also maintains an inpatient Oncology department offering comprehensive cancer care services including chemotherapy dedicated inpatient oncology unit, Clinical Trials, and an American College of Surgeons accredited cancer program During 2014 there were 16,382 patient visits to Oncology

4c

(Code ) (Expenses \$ 7,107,811 including grants of \$ ) (Revenue \$ 7,483,253 )

The General Surgery department at Berkeley Medical is staffed by specialists and general surgeons offering the latest in surgical techniques including laproscopic procedures, lithotripsy, and same day/ambulatory surgery Same day surgery visits for 2014 totaled 9,664

4d

Other program services (Describe in Schedule O )

(Expenses \$ 49,803,659 including grants of \$ ) (Revenue \$ 94,982,502 )

4e

Total program service expenses

118,165,479

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                        |     |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>                                                                                             | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>                                                                                                                 | 22  |     | No |
| 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? <i>If "Yes," complete Schedule J . . .</i>                                                      | 23  | Yes |    |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .                                                                                                                                                                                                                | 24b |     |    |
| 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 |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .                                                                                                                                                                                                          | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>                                                                                         | 25a |     | No |
| 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? <i>If "Yes," complete Schedule L, Part I . . .</i>                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i> | 27  |     | No |
| 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? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>                                                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>                                                                                                                                                                      | 32  |     | No |
| 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? <i>If "Yes," complete Schedule R, Part I . . .</i>                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                | 35a |     | No |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>                                                                                                                           | 36  |     | No |
| 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? <i>If "Yes," complete Schedule R, Part VI . . .</i>                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                            | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           |     |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   |     |    |
| 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.                                                             |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |     | No |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               |     |    |
| 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)? |     | No |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |     |    |
| 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 as charitable contributions?                                    |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |    |
| 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?                                                                                            |     | No |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            |     | No |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       |     |    |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |     |    |
| 9b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |    |
| 11a | Gross income from members or shareholders.                                                                                                                                                                                                 |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           |     |    |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 |     |    |
| 13c | Enter the amount of reserves on hand.                                                                                                                                                                                                      |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 |     |    |

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 15  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| b                                                                                                                                                                                                                | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 15  |     |
| 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   | No  |
| 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   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | No  |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | No  |
| b                                                                                                                                                                                                                | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | No  |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| a                                                                                                                                                                                                                | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b                                                                                                                                                                                                                | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 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 . . . . .        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                     |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records<br>▶Kathleen Quinones<br>2000 Foundation Way Suite 2310<br>Martinsburg, WV 25401 (304) 264-1443                                                                                                                                                                                                  |

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

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

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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) Robert F Baronner Jr<br>.....<br>Director              | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) Richard Pill<br>.....<br>Chairman                      | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) D Scott Roach<br>.....<br>Treasurer                    | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) Betty Gunnoe<br>.....<br>Secretary                     | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) Keith Berkeley DVM<br>.....<br>Director                | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) Courtney L Carroll<br>.....<br>Director                | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) Jacqueline Long<br>.....<br>Director                   | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) Terry Hess<br>.....<br>Director                        | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) Timothy Devine MD<br>.....<br>JMC Med Staff President  | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) David DeJarnett<br>.....<br>Director                  | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) Chiquita D Howard-Bostic PhD<br>.....<br>Director     | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) William E Wear MD<br>.....<br>BMC Med Staff President | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) Konrad C Nau MD<br>.....<br>Director                  | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) Dawn Jones<br>.....<br>Director                       | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

Part VII

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

| (A)<br>Name and Title                                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (15) Dr Richard Knapp<br>.....<br>Director                            | 0 02<br>.....<br>0 73                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) Anthony Zelenka<br>.....<br>Chief Administrative Officer         | 50 00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 331,221                                                               | 0                                                                          | 31,476                                                                                        |
| (17) Robert Strauch<br>.....<br>VP Med Affairs                        | 40 00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 155,068                                                               | 0                                                                          | 1,072                                                                                         |
| (18) Donna Clews<br>.....<br>VP of Nursing                            | 40 00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 207,850                                                               | 0                                                                          | 7,207                                                                                         |
| (19) Linda Campbell Jones<br>.....<br>Chief CRNA                      | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 232,037                                                               | 0                                                                          | 17,007                                                                                        |
| (20) Judith Hockman<br>.....<br>System Director Outpatient Operations | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 134,110                                                               | 0                                                                          | 17,353                                                                                        |
| (21) Jason T White<br>.....<br>Assistant Chief CRNA                   | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 222,701                                                               | 0                                                                          | 32,238                                                                                        |
| (22) Robert C Johnson Jr<br>.....<br>CRNA                             | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 214,268                                                               | 0                                                                          | 31,827                                                                                        |
| (23) Donna Hupp Baker<br>.....<br>CRNA                                | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 222,352                                                               | 0                                                                          | 8,225                                                                                         |
| (24) John M McGuire<br>.....<br>CRNA                                  | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 207,528                                                               | 0                                                                          | 10,337                                                                                        |
| (25) Donna Helmick<br>.....<br>Certified NurseAnesthetist             | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 169,442                                                               | 0                                                                          | 7,524                                                                                         |
| 1b Sub-Total . . . . .                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| c Total from continuation sheets to Part VII, Section A . . . . .     |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| d Total (add lines 1b and 1c) . . . . .                               |                                                                                            |                                                                                                           |                       |         |              |                              |        | 2,096,577                                                             |                                                                            | 164,266                                                                                       |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶129

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

Section B. Independent Contractors

| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| (A)<br>Name and business address                                                                                                                                                                                                                    | (B)<br>Description of services | (C)<br>Compensation |
| Quest Diagnostics<br>14225 Newbrook Dr<br>Chantilly, VA 20151                                                                                                                                                                                       | Lab Services                   | 657,616             |
| Focusone Solutions LLC<br>13609 California Ste 500<br>Omaha, NE 681545233                                                                                                                                                                           | Contract Labor                 | 858,304             |
| Insight Health Corporation,<br>26250 Enterprise Ct Ste 100<br>Lake Forest, CA 10494                                                                                                                                                                 | PET/CT Scan Contract Labor     | 498,827             |
| Nationwide Anesthesia Services<br>PO Box 490968<br>Lawrenceville, GA 33049                                                                                                                                                                          | Contract Labor                 | 455,630             |
| Hospitalist Medicine Physicians of Berkeley County PLLC<br>PO Box 645037<br>Cincinnati, OH 45264                                                                                                                                                    | Contracted Hospitalists        | 1,167,256           |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶31                                                                              |                                |                     |

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                   | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |          |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|----------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . . . .                                                                                                     | 1a                                                                                        |                                                    |                                         |                                                                     |           |          |
|                                                           | b                                         | Membership dues . . . . .                                                                                                         | 1b                                                                                        |                                                    |                                         |                                                                     |           |          |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                      | 1c                                                                                        |                                                    |                                         |                                                                     |           |          |
|                                                           | d                                         | Related organizations . . . . .                                                                                                   | 1d                                                                                        | 149,614                                            |                                         |                                                                     |           |          |
|                                                           | e                                         | Government grants (contributions)                                                                                                 | 1e                                                                                        |                                                    |                                         |                                                                     |           |          |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                 | 1f                                                                                        | 5,206                                              |                                         |                                                                     |           |          |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                               |                                                                                           |                                                    |                                         |                                                                     |           |          |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                  |                                                                                           | 154,820                                            |                                         |                                                                     |           |          |
| Program Service Revenue                                   | 2a                                        | Patient Services                                                                                                                  | Business Code<br>900099                                                                   | 165,301,700                                        | 165,301,700                             |                                                                     |           |          |
|                                                           | b                                         | Wellness Center                                                                                                                   | 900099                                                                                    | 725,806                                            | 725,806                                 |                                                                     |           |          |
|                                                           | c                                         | Prescription Sales                                                                                                                | 900099                                                                                    | 927,764                                            | 927,764                                 |                                                                     |           |          |
|                                                           | d                                         |                                                                                                                                   |                                                                                           |                                                    |                                         |                                                                     |           |          |
|                                                           | e                                         |                                                                                                                                   |                                                                                           |                                                    |                                         |                                                                     |           |          |
|                                                           | f                                         | All other program service revenue                                                                                                 |                                                                                           |                                                    |                                         |                                                                     |           |          |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                  |                                                                                           | 166,955,270                                        |                                         |                                                                     |           |          |
|                                                           | Other Revenue                             | 3                                                                                                                                 | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                                                    | 1,047,981                               |                                                                     | 1,047,981 |          |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . . . . .                                                                      |                                                                                           |                                                    |                                         |                                                                     |           |          |
| 5                                                         |                                           | Royalties . . . . .                                                                                                               |                                                                                           |                                                    |                                         |                                                                     |           |          |
| 6a                                                        |                                           | Gross rents                                                                                                                       | (i) Real                                                                                  | (ii) Personal                                      |                                         |                                                                     |           |          |
|                                                           |                                           | b                                                                                                                                 | Less rental expenses                                                                      |                                                    |                                         |                                                                     |           |          |
|                                                           |                                           | c                                                                                                                                 | Rental income or (loss)                                                                   |                                                    |                                         |                                                                     |           |          |
|                                                           |                                           | d                                                                                                                                 | Net rental income or (loss) . . . . .                                                     |                                                    |                                         |                                                                     |           |          |
| 7a                                                        |                                           | Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities                                                                            | (ii) Other                                         |                                         |                                                                     |           |          |
|                                                           |                                           | b                                                                                                                                 | Less cost or other basis and<br>sales expenses                                            |                                                    |                                         |                                                                     |           | 271,772  |
|                                                           |                                           | c                                                                                                                                 | Gain or (loss)                                                                            |                                                    |                                         |                                                                     |           | -271,772 |
|                                                           |                                           | d                                                                                                                                 | Net gain or (loss) . . . . .                                                              |                                                    |                                         |                                                                     |           | -271,772 |
| 8a                                                        |                                           | Gross income from fundraising events (not including<br>\$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                         |                                                    |                                         |                                                                     |           |          |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                    | b                                                                                         |                                                    |                                         |                                                                     |           |          |
| c                                                         |                                           | Net income or (loss) from fundraising events . . . . .                                                                            |                                                                                           |                                                    |                                         |                                                                     |           |          |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                             | a                                                                                         |                                                    |                                         |                                                                     |           |          |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                    | b                                                                                         |                                                    |                                         |                                                                     |           |          |
| c                                                         |                                           | Net income or (loss) from gaming activities . . . . .                                                                             |                                                                                           |                                                    |                                         |                                                                     |           |          |
| 10a                                                       |                                           | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                | a                                                                                         |                                                    |                                         |                                                                     |           |          |
| b                                                         |                                           | Less cost of goods sold . . . . .                                                                                                 | b                                                                                         |                                                    |                                         |                                                                     |           |          |
| c                                                         |                                           | Net income or (loss) from sales of inventory . . . . .                                                                            |                                                                                           |                                                    |                                         |                                                                     |           |          |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                     |                                                                                           |                                                    |                                         |                                                                     |           |          |
| 11a                                                       | Partnership Passthrough Income            | 900099                                                                                                                            | 705,902                                                                                   |                                                    |                                         | 705,902                                                             |           |          |
| b                                                         | Cafeteria Income                          | 900099                                                                                                                            | 503,974                                                                                   |                                                    |                                         | 503,974                                                             |           |          |
| c                                                         | Electronic Health Record<br>Incentive     | 900099                                                                                                                            | 2,087,642                                                                                 |                                                    |                                         | 2,087,942                                                           |           |          |
| d                                                         | All other revenue . . . . .               |                                                                                                                                   | 549,996                                                                                   |                                                    |                                         | 549,996                                                             |           |          |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                   | 3,847,514                                                                                 |                                                    |                                         |                                                                     |           |          |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                   | 171,733,813                                                                               | 166,955,270                                        |                                         | 4,624,023                                                           |           |          |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .                                                                                                                         | 5,415                 | 5,415                           |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 . . . . .                                                                                                                                                    | 982,939               |                                 | 982,939                                |                             |
| 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 . . . . .                                                                                                                                                                                                    | 58,102,935            | 48,007,762                      | 10,095,173                             |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                          | 1,720,545             | 1,421,607                       | 298,938                                |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 8,794,583             | 7,313,457                       | 1,481,126                              |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 5,077,004             | 4,194,893                       | 882,111                                |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 86,504                |                                 | 86,504                                 |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 55,833                |                                 | 55,833                                 |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 16,430                |                                 | 16,430                                 |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                  | 17,560,224            | 11,963,221                      | 5,597,003                              |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 529,243               | 1,840                           | 527,403                                |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 7,624,069             | 4,746,726                       | 2,877,343                              |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 122,221               | 14,580                          | 107,641                                |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 2,547,554             | 798,379                         | 1,749,175                              |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 254,985               | 161,521                         | 93,464                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              | 78,722                | 53,440                          | 25,282                                 |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 3,417,624             |                                 | 3,417,624                              |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      | 5,255,230             |                                 | 5,255,230                              |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 9,024,705             |                                 | 9,024,705                              |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 2,673,973             |                                 | 2,673,973                              |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                                        |                       |                                 |                                        |                             |
| a                                                                              | Provision for Doubtful Accounts                                                                                                                                                                                                       | 9,332,797             | 9,332,797                       |                                        |                             |
| b                                                                              | Medical Supplies                                                                                                                                                                                                                      | 25,498,090            | 25,498,090                      |                                        |                             |
| c                                                                              | Recruitment Expense                                                                                                                                                                                                                   | 453,193               | 375,615                         | 77,578                                 |                             |
| d                                                                              | Taxes, Licenses, Fees                                                                                                                                                                                                                 | 4,736,057             | 4,126,702                       | 609,355                                |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                    | 719,713               | 149,434                         | 570,279                                |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                    | 164,670,588           | 118,165,479                     | 46,505,109                             | 0                           |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |                | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |                | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |                | 323,382           | 1   | 265,715     |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |                | 24,154,963        | 2   | 37,181,669  |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |                |                   | 3   |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |                | 21,904,713        | 4   | 17,773,036  |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |                |                   | 5   |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                |                   | 6   |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |                | 638,964           | 7   | 1,283,589   |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |                | 1,605,434         | 8   | 1,894,122   |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |                | 912,154           | 9   | 721,245     |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a120,197,622 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b66,577,636  | 53,341,018        | 10c | 53,619,986  |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |                | 4,305             | 11  |             |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |                | 2,425,704         | 12  | 1,730,306   |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |                |                   | 13  |             |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |                |                   | 14  |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |                | 6,069,085         | 15  | 5,531,297   |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |                | 111,379,722       | 16  | 120,000,965 |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |                | 12,909,406        | 17  | 13,225,616  |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |                |                   | 18  |             |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |                |                   | 19  |             |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |                | 51,219,094        | 20  | 49,972,252  |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |                |                   | 21  |             |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |                |                   | 22  |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |                |                   | 23  |             |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |                |                   | 24  |             |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |                | 15,315,807        | 25  | 18,724,954  |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |                | 79,444,307        | 26  | 81,922,822  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |                |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |                | 31,460,478        | 27  | 37,707,958  |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |                | 472,937           | 28  | 368,185     |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |                | 2,000             | 29  | 2,000       |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                            |                | 31,935,415        | 33  | 38,078,143  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |                | 111,379,722       | 34  | 120,000,965 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 171,733,813 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 164,670,588 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 7,063,225   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 31,935,415  |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | -864,721    |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |             |
| 7  | Investment expenses . . . . .                                                                                 | 7  |             |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | -55,776     |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 38,078,143  |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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? . . . . .                                                                                                                                                                                                                                                       |     | No |
| 3b | 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                                                                                                                                                                                                     |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>City Hospital Inc | Employer identification number<br>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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

| (i)Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | Yes                                                         | No |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total                             |          |                                                                                              |                                                             |    |                                                   |                                                 |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                                   |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                                      |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                           |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                       |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                          |          |          |          |          |          |           |
| 11 Total support Add lines 7 through 10                                                                                                                                                    |          |          |          |          |          |           |
| 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 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14 | 0 % |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15 |     |
| 16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization    |    | ▶   |
| b 10%-facts-and-circumstances test—2013. 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 VI 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 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 |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| 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           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                 |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                          |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                            |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |     |  |
|-------------------------------------------------------------------------------------------|----|-----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 0 % |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |     |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 | 0 % |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |     |  |
| 19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |     |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |     |  |

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .                                                                                                                                                                                                  | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                             | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |

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

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

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

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

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

|                                               |                                                  |
|-----------------------------------------------|--------------------------------------------------|
| Name of the organization<br>City Hospital Inc | Employer identification number<br><br>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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

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

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

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

Part II-A

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

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period      |           |           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)               | (a) 2011  | (b) 2012  | (c) 2013  | (d) 2014  | (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                             | 13,274    | 14,888    | 14,734    | 16,430    | 59,326    |
| 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                        |           |           |           |           |           |

Part II-B

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | 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?                                                                                                                                                                                                            |     |    |        |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    |        |
| 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).

|   |                                                                                                   |   |     |    |
|---|---------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2 |     |    |
| 3 | Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 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 |  |
| 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  |  |

Part IV

Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                   |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| II-A 1b          | The amount listed is made up of the amount of West Virginia Hospital Association and American Hospital Association dues that the associations determined as attributable to lobbying expense. |
|                  |                                                                                                                                                                                               |
|                  |                                                                                                                                                                                               |
|                  |                                                                                                                                                                                               |
|                  |                                                                                                                                                                                               |
|                  |                                                                                                                                                                                               |
|                  |                                                                                                                                                                                               |

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

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

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| Name of the organization<br>City Hospital Inc | Employer identification number<br>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 value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

- |                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| 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 . . . . .                            |                 |               |                     |                     |                    |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                    | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                          |                                      | 77,504                         |                              | 77,504         |
| b Buildings . . . . .                                                                                      |                                      | 52,695,503                     | 20,131,809                   | 32,563,694     |
| c Leasehold improvements . . . . .                                                                         |                                      |                                |                              |                |
| d Equipment . . . . .                                                                                      |                                      | 62,640,205                     | 44,457,777                   | 18,182,428     |
| e Other . . . . .                                                                                          |                                      | 4,784,410                      | 1,988,050                    | 2,796,360      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 53,619,986     |



| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. |                                                                                          |    |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|-------------|--|
| 1                                                                                                                                                                      | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 162,039,715 |  |
| 2                                                                                                                                                                      | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |             |  |
| a                                                                                                                                                                      | Net unrealized gains (losses) on investments . . . . .                                   | 2a | -211,686    |  |
| b                                                                                                                                                                      | Donated services and use of facilities . . . . .                                         | 2b |             |  |
| c                                                                                                                                                                      | Recoveries of prior year grants . . . . .                                                | 2c |             |  |
| d                                                                                                                                                                      | Other (Describe in Part XIII ) . . . . .                                                 | 2d | -9,332,797  |  |
| e                                                                                                                                                                      | Add lines 2a through 2d . . . . .                                                        | 2e | -9,544,483  |  |
| 3                                                                                                                                                                      | Subtract line 2e from line 1 . . . . .                                                   | 3  | 171,584,198 |  |
| 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 XIII ) . . . . .                                                 | 4b | 149,615     |  |
| c                                                                                                                                                                      | Add lines 4a and 4b . . . . .                                                            | 4c | 149,615     |  |
| 5                                                                                                                                                                      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 171,733,813 |  |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |             |  |
|---|-------------------------------------------------------------------------------------------|----|-------------|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 155,998,603 |  |
| 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 XIII ) . . . . .                                                  | 2d | 660,812     |  |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 660,812     |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 155,337,791 |  |
| 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 XIII ) . . . . .                                                  | 4b | 9,332,797   |  |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 9,332,797   |  |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 164,670,588 |  |

Part XIII Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X 2              | The annual audit and financial statements of WVUH 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. Management determined there were no tax uncertainties that met the recognition threshold in 2014 and 2013. The Systems policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses. |
| XI 2d            | Allowance for Doubtful Accounts presented as an offset to revenue on the audited financial statements. For 990 purposes Allowances for Doubtful Accounts totaling 9,332,797 are presented as expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| XI 4b            | Capital Campaign contributions of 149,614 from University Healthcare Foundation were posted to the balance sheet of Berkeley Medical financial statements, the amount was reported as contribution revenue for 990 reporting.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| XII 2d           | Unrealized Losses on Debt Instruments of 660,812 are included on the Financial Statements as expense are not included as expense on the 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| XII 4b           | Allowance for Doubtful Accounts presented as an offset to revenue on the audited financial statements, for 990 purposes Allowances for Doubtful Accounts totaling 9,332,797 are presented as expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

[illegible]

Additional Data

Software ID: 14000292  
Software Version: 14.4.1.0  
EIN: 55-0383321  
Name: City Hospital Inc

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

| 1 | (a) Description of Liability              | (b) Book Value |
|---|-------------------------------------------|----------------|
|   | Federal income taxes                      |                |
|   | Accrued wages, benefits and payroll taxes | 6,858,903      |
|   | Malpractice Liability                     | 1,762,271      |
|   | Accrued pension benefits                  | 1,595,556      |
|   | Accrued bond interest                     | 1,364,868      |
|   | Due to third Party Payors                 | 1,586,295      |
|   | Interest Rate Swaps                       | 2,217,332      |
|   | Self Insurance Liability                  | 3,339,729      |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
City Hospital Inc

Employer identification number  
55-0383321

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 2,306,472                           |                               | 2,306,472                         | 1 480 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 43,414,563                          | 22,670,269                    | 20,744,294                        | 13 350 %                     |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               | 379,333                             | 328,796                       | 50,537                            | 0 030 %                      |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    |                                                 |                               | 46,100,368                          | 22,999,065                    | 23,101,303                        | 14 860 %                     |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 57,011                              | 14,280                        | 42,731                            | 0 030 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 480,418                             | 134,488                       | 345,930                           | 0 220 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               |                                     |                               |                                   |                              |
| h Research (from Worksheet 7) . . . . .                                                               |                                                 |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 14,335                              |                               | 14,335                            | 0 010 %                      |
| j <b>Total</b> Other Benefits . . . . .                                                               |                                                 |                               | 551,764                             | 148,768                       | 402,996                           | 0 260 %                      |
| k <b>Total</b> . Add lines 7d and 7j . . . . .                                                        |                                                 |                               | 46,652,132                          | 23,147,833                    | 23,504,299                        | 15 120 %                     |

Part IICommunity Building Activities

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

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               |                                      |                               |                                    |                              |
| 2Economic development                                      |                                                 |                               | 1,338                                |                               | 1,338                              |                              |
| 3Community support                                         |                                                 |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |                                                 |                               |                                      |                               |                                    |                              |
| 6Coalition building                                        |                                                 |                               |                                      |                               |                                    |                              |
| 7Community health improvement advocacy                     |                                                 |                               |                                      |                               |                                    |                              |
| 8Workforce development                                     |                                                 |                               |                                      |                               |                                    |                              |
| 9Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| 10Total                                                    |                                                 |                               | 1,338                                |                               | 1,338                              |                              |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

3,803,115

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

157,232

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

55,745,700

6Enter Medicare allowable costs of care relating to payments on line 5.

6

67,903,220

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-12,157,520

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

9b

Yes

No

Part IVManagement Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

A

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

1

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No  |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
| 1                                 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?                                                                                                                                                                                                                                                                       | 1   | No  |
| 2                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C                                                                                                                                                                                                                                          | 2   | No  |
| 3                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12                                                                                                                                                                                                                                                                     | 3   | Yes |
|                                   | If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                                                                                                                                                                                                             |     |     |
| a                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                    |     |     |
| b                                 | <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                            |     |     |
| d                                 | <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| e                                 | <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| f                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                          |     |     |
| g                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                              |     |     |
| h                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                   |     |     |
| i                                 | <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs                                                                                                                                                                                                                                                                                                                          |     |     |
| j                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 4                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 13                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 5                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5   | Yes |
| 6a                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C                                                                                                                                                                                                                                                                                                     | 6a  | Yes |
| b                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C                                                                                                                                                                                                                                                                                        | 6b  | No  |
| 7                                 | Did the hospital facility make its CHNA report widely available to the public?                                                                                                                                                                                                                                                                                                                                                                       | 7   | Yes |
|                                   | If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                                                                                                              |     |     |
| a                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) http://wwwuniversityhealthcare.com/About-University-Healthcare/2013-Community-Health-Needs-Assessment                                                                                                                                                                                                                                                                     |     |     |
| b                                 | <input type="checkbox"/> Other website (list url)                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c                                 | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                   |     |     |
| d                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 8                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11                                                                                                                                                                                                                                                              | 8   | Yes |
| 9                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 13                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 10                                | Is the hospital facility's most recently adopted implementation strategy posted on a website?                                                                                                                                                                                                                                                                                                                                                        | 10  | Yes |
|                                   | http://www.wvuniversityhealthcare.com/About-University-Healthcare/2013-Community-Health-Needs-Assessm                                                                                                                                                                                                                                                                                                                                                |     |     |
| a                                 | If "Yes" (list url) Community-Health-Needs-Assessm                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |
| b                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?                                                                                                                                                                                                                                                                                                                                           | 10b | No  |
| 11                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                  |     |     |
| 12a                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?                                                                                                                                                                                                                                                                                                  | 12a | No  |
| b                                 | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?                                                                                                                                                                                                                                                                                                                                                     | 12b |     |
| c                                 | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$                                                                                                                                                                                                                                                                                              |     |     |

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

A

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes       | No  |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>Financial Assistance Policy (FAP)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |     |
| <b>13</b>                                | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP<br><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000200 000000000000%<br>and FPG family income limit for eligibility for discounted care of __%<br><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)<br><b>c</b> <input type="checkbox"/> Asset level<br><b>d</b> <input type="checkbox"/> Medical indigency<br><b>e</b> <input checked="" type="checkbox"/> Insurance status<br><b>f</b> <input type="checkbox"/> Underinsurance discount<br><b>g</b> <input type="checkbox"/> Residency<br><b>h</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>13</b> | Yes |
| <b>14</b>                                | Explained the basis for calculating amounts charged to patients? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>14</b> | Yes |
| <b>15</b>                                | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application<br><b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application<br><b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process<br><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15</b> | Yes |
| <b>16</b>                                | Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) X<br><b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____<br><b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____<br><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility<br><b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP<br><b>i</b> <input type="checkbox"/> Other (describe in Section C) | <b>16</b> | Yes |
| <b>Billing and Collections</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |     |
| <b>17</b>                                | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>17</b> | Yes |
| <b>18</b>                                | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |     |

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <div>19</div> <div>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div> <div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div> | 19  | No  |
| <div>Policy Relating to Emergency Medical Care</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| <div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21  | Yes |
| <div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |
| <div>22</div> <div>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div>23</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .</div> <div>If "Yes," explain in Section C</div> <div>24</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .</div> <div>If "Yes," explain in Section C</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23  | No  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 24  | Yes |

Part V

Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference   | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
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|                           |             |
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|                           |             |
|                           |             |
|                           |             |

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

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

Part VI

Supplemental Information

Provide the following information

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

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 3c          | City Hospital Inc CHI uses 200 Federal Poverty Guideline to determine free care eligibility CHI offers a Prompt - Pay Discount Program - patients who have no third party coverage uninsured or uninsurable may be eligible for a 50 self-pay discount while patients who have a guarantor balance may be eligible for a 20 discount To be eligible for either prompt pay discounted the patient/guarantor must meet certain requirements |

| Form and Line Reference | Explanation                                                                                                                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 6a          | Community benefit amounts for City Hospital Inc are reported on WV United Health Systems website <a href="http://www.wvunitedhealthsystem.org">www.wvunitedhealthsystem.org</a> under community responsibility report |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 7           | Column f - Total community benefit expense for 2014 is 46,652,131 and is 30.03% of total net expenses. To calculate net expense, bad debt of 9,332,797 was deducted from total expenses of 164,670,588 as shown in Part IX line 25 of the core Form 990. |

| Form and Line Reference | Explanation                                                                                                                                                                                                              |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 7           | 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 |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                 |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Physical improvements and housing City Hospital employees spent a weekday volunteering at two local social service agencies on behalf of the United Way of the Eastern Panhandle City Hospital also provided the kick-off breakfast for all 500 volunteers throughout the Eastern Panhandle |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                   |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Economic Development In 2014, hospital representatives participated as members of the Berkeley County Development Authority, the Berkeley County Board of Health, and as Board Members of the Martinsburg Berkeley County Chamber of Commerce |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Community Support Berkeley Medical 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. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Leadership Development and Training At least one management representative from City Hosptial participates in the Chamber of Commerces Leadership Berkeley class each year The hospital also has representatives on the Workforce Development Committee of the Chamber of Commerce The Education Department works closely with Blue Ridge Community and Technical College to provide leadership training programs |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Coalition building City Hospital staff participate in the Health Human Services Council as well as Healthier Berkeley County All of these entities focus on improving community access to health care, human services in general, and determine ways to encourage healthy lifestyles |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Community Health Improvement Advocacy City Hospital is a partner in the MAPP project which is a collaborative initiative to assess community social services needs and develop a plan to tackle these issues. In 2013, City Hospital completed its community health needs assessment and has developed implementation plans to address three key issues - chronic disease, breast and lung cancers, and behavioral health/drug and alcohol abuse issues. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                 | Workforce Development City Hospital participates in activities sponsored by the Martinsburg Berkeley County Chambers Workforce Development Committee City Hospital is also a major sponsor of the Womens Network, which is an organization, established by the Berkeley County Chamber, which sponsors womens professional activities, social network and professional development seminars A representative from Berkeley Medical also serves on the Blue Ridge Community Technical College Board of Governors City Hosptial also has agreements with area community colleges and universities to allow students to complete clinical rotations at the hospital |

| Form and Line Reference | Explanation                                                                                                                                                                                                     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 2         | Bad Debt Expense at cost was calculated by multiplying bad debt expense of 9,332,797 by our cost-to-charge ratio of 40.75 derived from Worksheet 2 in the IRS Schedule H instructions for a total of 3,803,115. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                     |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 3         | Estimated bad debt attributable to patients eligible for charity care was calculated by running a report within our patient revenue software of all bad debt account balances greater than 25,000. The total of that report was 385,846, which was then multiplied by the cost-to-charge ratio of 40.75 for a total of 157,232. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 3         | We feel that, at a minimum, the estimated bad debt attributable to patients eligible for charity care of 157,232 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. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 4         | City Hospitals 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 managements assessment of individual accounts. The allowance for doubtful accounts is estimated based upon a periodic review of the accounts receivable aging, payor classifications, and application of historical write-off percentages. 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 managements expectations. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 8         | Part III Line 6 was calculated using total cost from the Medicare Cost Report less Medicare reimbursement of direct GME City Hospitals shortfall of 12,157,520 on Medicare program should be considered a community benefit because we are relieving a government burden by providing care in excess of our cost to these patients |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III Line 9b        | CHI does have a debt collection policy. When a patient has been approved for financial assistance under our charity care policy, they will not be sent to bad debt. Additionally, if a patient is being evaluated for charity, the patient will not be sent to bad debt agency pending charity guarantor status until the pending status has been finalized approved/denied. All other patients with outstanding balances will be processed through billing and collections pursuant to our Financial Policy. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 2          | City Hospital Inc is a part of WVU Hosptials - East, a healthcare system serving the Eastern Panhandle of WV The WVUH-East Marketing Department considers several components in assessing how the organization determines the need of the communities it serves Through outside consultants to collaborating with various departments, a needs assessment takes into account several factors including physicians to population ratios, physician availability in the entire service area, and general health risks for our community The Primary Service Area PSA for University Healthcare Berkeley County, WV and Jefferson County, WV with Morgan County, WV being a secondary service area This data is then analyzed to provide general estimates to where University Healthcare could better care for residents of West Virginia Eastern Panhandle |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 2          | Sources utilized to help gather this information come from a variety of areas. Physician distribution and population data come from the American Medical Association and the U.S. Census Bureau and the general health risk for our community come from clinical diagnosis information gathered by the West Virginia Health Care Authority and Thomson Reuters Market Planner Plus. We also conduct 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. Note that WV University Healthcare is working with other local organizations in a project known as MAPP (Mobilizing for Action through Planning). |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 3          | 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. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 4          | City Hospital is a non-profit acute care hospital located in Berkeley County, WV population 110,497 in the city of Martinsburg, WV Martinsburg is the largest city in the Eastern Panhandle, and the 9th largest municipality in the state of West Virginia, with a total population of 17,743 residents City Hospital along with Jefferson Memorial Hospital, located in Ranson, West Virginia make up WVUH-East with is a part of the West Virginia United Health System WVUH-East provides the majority of inpatient services for the population in our Primary Service Area PSA For City Hospital Inc the PSA consists of Berkeley County, WV and Jefferson County, WV The 2013 inpatient market share for City Hospitals Primary Service Area is 46 with 23 4 of those patients covered by Medicaid and 1 2 uninsured |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 4          | Jefferson Memorial hospital, a non-profit critical access hospital under common management, is located within the Primary Service Area and War Memorial Hospital, a non-profit critical access hospital, operated by Valley Health System, is located in the extended service area of Morgan County, WV Berkeley County has a population of 110,497, with an average household income of 23,332, and an unemployment rate of 5.4. Currently, 13.1% of the people residing in Berkeley County live below the federal poverty line according to the U.S. Census Bureau 2009-2013. Jefferson Countys population is 55,713, with an average household income of 65,304 and unemployment of 4.5. Currently, 11.2% of Jefferson county residents live below the poverty line. In University Healthcares extended service area, Morgan County, WV has a population of 17,453, with an average household income of 36,046 and unemployment rate of 5.9. Currently, 15.3% of Morgan County residents currently live below the poverty line. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 5          | 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 with CHI through the 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. None of the board members are neither employees nor contractors of the organization, nor family members thereof. |

| Form and Line Reference | Explanation                                                                                                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 5          | CHI extends privileges to all qualified medical staff in Berkley County and surrounding communities to meet its healthcare needs |

| Form and Line Reference | Explanation                                                                                                                                                                                                     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 5          | 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 |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 5          | In 2009, CHI began offering discounted screening in response to a struggling economy. Recognizing that individuals were putting off scheduling routine, preventive testing such as mammograms and blood work, CHI offered Discounted Mammogram Clinics in May 2013 and then again in October 2013 cash, no insurance. The clinics were successful in serving over 100 patients at City Hospital. The Rotary Health Fair, held in April, provided a full blood work-up at cost. Nearly 500 individuals took advantage of these screenings. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 5          | 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 jointly sponsored by WVUH-East and the WVU Robert C. Byrd Health Sciences Center Eastern Division. It is offered free to the community with an average attendance of 75 - 100 in Berkeley County. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 6          | CHI is a part of the WV United Health System. CHI 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 services area, defined above, 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. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI Line 6          | System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the Systems services areas. Other hospitals in the System include United Health Center, which is more centrally located in the state, Jefferson Memorial Hospital which is located in the Eastern Panhandle of WV, Camden Clark Medical Center in Parkersburg, WV, West Virginia University Hospitals located in Morgantown, WV, and Potomac Valley Hospital located in Keyser, WV. |



Additional Data

Software ID: 14000292  
Software Version: 14.4.1.0  
EIN: 55-0383321  
Name: City Hospital Inc

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

| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form and Line Reference                                                                                                                                                                                                                                                                                                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Group City Hospital, Inc Line Part V, Section B, Line 5                                                                                                                                                                                                                                                                                             | During a three month period, representatives of the MAPP core Group met with more than 300 people in 27 locations, ranging from Chamber of Commerce meetings to the Hispanic Festival Participating community members were asked one question What do we need in our county to make it a healthy place to live, work and play With 1,756 responses approximately 3-4 responses per person, the feedback obtained through the visioning process was varied The reponses were first condensed into broad strategy categories |

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

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

| Form and Line Reference                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group City Hospital, Inc Line Part V, Section B, Line 5 | These categories were initially established by the number of times specific types of strategies were suggested CHNA stakeholder and representatives from the HHSC were asked to further select the top three priority areas for intervention Both groups identified the same top three priorities for the region, although the rank order was different between the two groups The CHNA top three priority areas were 1 Access to and the quality of health care 2 Community and public health and, 3 Economic security The Health and Human Services Collaborative HHSC ranked the top three priorities as follows 1 Access to and the quality of health care 2 Economic security and, 3 Community and public health |

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

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

| Form and Line Reference                                   | Explanation                                                      |
|-----------------------------------------------------------|------------------------------------------------------------------|
| Group City Hospital, Inc Line Part V, Section B, Line 6 a | The CHNA was undertaken jointly with Jefferson Memorial Hospital |

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

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

| Form and Line Reference                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group City Hospital, Inc Line Part V, Section B, Line 11 | Together Berkeley Medical and Jefferson Memorial Hospital prioritized the community health needs identified in the Assessment and decided to focus on the top 3 issues identified in the CHNA 1 Chronic Diseases/Illness, 2 Behavioral Health/Substance Abuse, and 3 Cancer in particular lung and breast Our implementation plan was based on addressing these 3 issues Maternal/Child Health and access to better, healthy Food Choices community gardens, farmers markets were both identified as well Although those issues were not included in the implementation plan, Berkeley Medical Center did recently open a NICU and the WVU Health Sciences Center Eastern Division and University Healthcare collaborated with local farmers markets to obtain a federal grant to improve access to these products for residents in the Eastern Panhandle We are not ignoring these issues We simply wanted to focus our efforts on the top 3 community health needs that were identified in our study |

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

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

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group City Hospital, Inc Line Part V, Section B, Line 13b | Berkeley Medical offers discounted care only to individuals who qualify for free care BMC offers a Prompt - Pay Discount Program - patients who have no third party coverage uninsured or uninsurable may be eligible for a 50 self-pay discount while patients who have a guarantor balance may be eligible for a 20 discount To be eligible for either prompt pay discounted the patient/guarantor must meet certain requirements |

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

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

| Form and Line Reference                                  | Explanation                                                                                         |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Group City Hospital, Inc Line Part V, Section B, Line 24 | Berkeley Medical charges all patients an amount equal to gross charges regardless of payment method |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
City Hospital Inc

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public  
Inspection

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?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

2

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

3

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

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

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

| Return Reference | Explanation                                                                                                          |
|------------------|----------------------------------------------------------------------------------------------------------------------|
| Part I Line 1    | Berkeley Medical Center did not make any contributions during 2014 that met the reporting requirements of Schedule I |

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.

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

OMB No 1545-0047

2014

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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |    |     |    |
| b      | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b |     |    |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2  |     |    |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                   |    |     |    |
| 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 |     | No |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b |     | No |
| c      | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4c |     | No |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
|        | Only 501(c)(3), 501(c)(4), and 501(c)(29) 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 |     | No |
| b      | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5b |     | No |
|        | 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 |     | No |
| b      | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6b |     | No |
|        | 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  |     | No |
| 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8  |     | No |
| 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 duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

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

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Line 3    | Salaries of all officers are subject to the approval of a compensation committee designated by the WV University Healthcare Board of Directors. This committee uses the work of an independent salary and benefit consultant to determine the compensation packages to be made available to officers and that the compensation does not exceed fair market value of comparable positions at similar organizations. All data is retained and all decisions are appropriately documented pertaining to the compensation setting practices. This review occurs annually and was last completed in 2013 for 2014 compensation amounts. |

Additional Data

Software ID: 14000292  
Software Version: 14.4.1.0  
EIN: 55-0383321  
Name: City Hospital Inc

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

| (A) Name and Title                                      |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---------------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                         |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 Anthony Zelenka, Chief Administrative Officer         | (i)<br>(ii) | 283,668                                            | 46,365                              | 1,188                               |                                                | 31,476                  | 362,697                         |                                                                       |
| 1 Robert Strauch, VP Med Affairs                        | (i)<br>(ii) | 135,743                                            | 19,325                              |                                     |                                                | 1,072                   | 156,140                         |                                                                       |
| 2 Donna Clews, VP of Nursing                            | (i)<br>(ii) | 182,758                                            | 22,806                              | 2,286                               |                                                | 7,207                   | 215,057                         |                                                                       |
| 3 Linda Campbell Jones, Chief CRNA                      | (i)<br>(ii) | 230,599                                            |                                     | 1,438                               |                                                | 17,007                  | 249,044                         |                                                                       |
| 4 Jason T White, Assistant Chief CRNA                   | (i)<br>(ii) | 222,271                                            |                                     | 430                                 |                                                | 32,238                  | 254,939                         |                                                                       |
| 5 Robert C Johnson Jr, CRNA                             | (i)<br>(ii) | 213,969                                            | 49                                  | 250                                 |                                                | 31,827                  | 246,095                         |                                                                       |
| 6 Donna Hupp Baker, CRNA                                | (i)<br>(ii) | 221,844                                            |                                     | 508                                 |                                                | 8,225                   | 230,577                         |                                                                       |
| 7 John M McGuire, CRNA                                  | (i)<br>(ii) | 206,516                                            |                                     | 1,012                               |                                                | 10,337                  | 217,865                         |                                                                       |
| 8 Donna Helmick, Certified NurseAnesthetist             | (i)<br>(ii) | 164,391                                            | 5,000                               | 51                                  |                                                | 7,524                   | 176,966                         |                                                                       |
| 9 Judith Hockman, System Director Outpatient Operations | (i)<br>(ii) | 133,086                                            |                                     | 1,024                               |                                                | 17,353                  | 151,463                         |                                                                       |

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

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

|                                               |                                                  |
|-----------------------------------------------|--------------------------------------------------|
| Name of the organization<br>City Hospital Inc | Employer identification number<br><br>55-0383321 |
|-----------------------------------------------|--------------------------------------------------|

| Return<br>Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part III, Line 4d | Program Service Expenses 49,803,659, Grants and allocations 0, Revenue 94,982,502 In September 2009 Berkeley Medical 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 2014 totaled 3,730, and 521 observation days. |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part III, Line<br>4d | <p>Program Service Expenses 0, Grants and allocations 0, Revenue 0 Berkeley Medical BMC 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. BMC serves as part of a regional health system, WV University Healthcare which serves Berkeley, Jefferson and Morgan Counties. Berkeley Medical 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 Berkeley Medical campus.</p> |

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d | Program Service Expenses 0, Grants and allocations 0, Revenue 0 Berkeley Medical has a Level III Trauma Center and a fully accredited Cancer Program which offers cancer drug trials through its affiliation with the Mary Babb Randolph Cancer Center in Morgantown, WV BMCs 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 |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part III, Line<br>4d | <p>Program Service Expenses 0, Grants and allocations 0, Revenue 0 A 28 million expansion project launched at Berkeley Medical in 2009 brought a new cardiac catheterization lab to Berkeley Medical in October 2010 Although the lab performed diagnostic catheterizations through December 2010, the lab expanded services in January 2011 to include elective primary coronary intervention PCI and emergent therapeutic cardiac catheterization STEMI A new 20-bed ICU/CCU opened at the same time w hich included four cardiac beds to support the cath lab The third component, a new Emergency Department that can accommodate up to 65,000 patients, opened in 2011 as well</p> |

| Return<br>Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part III, Line 4d | Program Service Expenses 0, Grants and allocations 0, Revenue 0 Other services provided by Berkeley Medical, in addition to patient care, include a teaching program and a variety of community outreach involvement programs In 2006, Berkeley Medical changed surveying vendors to Press Ganey With over 900 hospitals in their database, allowing for comparison to a much larger base of hospitals than with the prior vendor and creating more opportunities for future improvements Berkeley Medical also contracted with Custom Learning Systems to create an organizational culture that focuses on customer service |

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d | Program Service Expenses 0, Grants and allocations 0, Revenue 0 The General Surgery department at Berkeley Medical is staffed by specialists and general surgeons offering the latest in surgical techniques including laproscopic procedures, lithotripsy, and same day/ambulatory surgery Same day surgery visits for 2014 totaled 9,664 |

| Return<br>Reference            | Explanation                                                                                                                                                                                                                                  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IV,<br>Line 24a | Bond issuances allocated to Berkeley Medical are being reported on Schedule K of West Virginia University Hospitals, Inc<br>EIN 55-0643304 West Virginia University Hospitals, Inc is a 501c3 and is the parent hospital of Berkeley Medical |

| Return<br>Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Section B, Line 11a | The Form 990 is prepared by the WVUH tax accountant and then reviewed by the non-profit tax manager of our independent auditing firm and WV University Healthcares Vice President of Finance for review. After gaining approval from the VP of Finance, it is then presented to all of the Board Members for a final review. Upon review by the Board of Directors, it is signed and submitted to the IRS. |

| Return<br>Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Section B, Line 12c | Annually, all Board Members, Vice Presidents, officers, and managers are required to disclose any relationships which may give rise to a conflict of interest. These responses are processed and maintained by the WV University Healthcare Compliance Committee. All board members are to be willing to identify conflicts of interest and abstain from voting when appropriate. |

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 compensation committee to set the compensation for each executive. The data and supporting documentation are retained and documented. |

| Return Reference                      | Explanation                                                                                                                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section C, Line 19 | All financial and governing documents including conflict of interest policy are retained onsite and are made available to the public upon request |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>11g | Other Services Expense includes Consulting and Professional Fees 764,671 - all considered management general expense, Contract Labor 6,712,213 - 3,160,992 considered program service expense and 3,560,221 considered management general expense, Lab Fees 1,104,260 - 1,110,471 considered program service expense and 3,790 considered management general expense, Contract Labor - Patient Care 3,647,611 - 3,288,515 considered program service expense and 359,096 considered management general expense, CP Med Staff and Med Staff Director 4,510,839 - 4,392,538 considered program service expense and 118,301 considered management general expense, Collection Agency Fees 790,924 all considered management general expense and Physician Practice Supplies of 20,705 all considered Program Service Expense |

| Return Reference          | Explanation                                                                                                                                                                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part XI, Line 9 | Other changes in net assets or fund balance includes 138,038 Change in restricted net assets, 6,047 of related organization capitalization, and 88,308 of capital campaign contributions received by University Healthcare Foundation in 2014 and released from restriction in net asset but not transferred until January 2015 and 1 rounding |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| See Additional Data Table                                                                                                                                                                                             |                         |                                                  |                            |                                                     |                                  |                                              |

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                    | No |                                                                            | Yes                                       | No |                                |
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                    | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                             |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) Allied Health Services Inc<br><br>PO Box 782<br>Morgantown, WV 26507<br>55-0652017                                      | Medical Lab             | WV                                                        | N/A                                 | C Corp                                                 |                                 |                                           |                                |                                                        | No |
| (2) West Virginia United Insurance Services Inc<br><br>1000 Technology Drive Suite 2320<br>Fairmont, WV 26554<br>55-0756055 | Provider Network        | WV                                                        | N/A                                 | C Corp                                                 |                                 |                                           |                                |                                                        | No |

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

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

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                          | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |

Part VII

Supplemental Information

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

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

Additional Data

Software ID: 14000292

Software Version: 14.4.1.0

EIN: 55-0383321

Name: City Hospital Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization                                                               | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                     |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| (1) West Virginia United Health System Inc<br><br>1000 Technology Drive<br>Fairmont, WV 26554<br>55-0754713         | Healthcare Access       | WV                                                     | 501C3                         | 11 a                                                          | N/A                                 |                                                        | No |
| (1) West Virginia University Hospitals<br><br>PO Box 8034<br>Morgantown, WV 26506<br>55-0643304                     | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (2) West Virginia University Hospitals - East Inc<br><br>2000 Foundation Way<br>Martinsburg, WV 25401<br>20-2337985 | Patient Access          | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (3) Jefferson Memorial Hospital Inc<br><br>2000 Foundation Way<br>Martinsburg, WV 25401<br>55-0359755               | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (4) University Healthcare Foundation<br><br>2000 Foundation Way<br>Martinsburg, WV 25401<br>31-1118075              | Hospital Support        | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (5) Jefferson Healthcare Foundation Inc<br><br>2000 Foundation Way<br>Martinsburg, WV 25401<br>55-0768901           | Hospital Support        | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (6) United Health Foundation<br><br>327 Medical Park Drive<br>Bridgeport, WV 26330<br>55-0621706                    | Hospital Support        | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (7) United Hospital Center Inc<br><br>327 Medical Park Drive<br>Bridgeport, WV 26330<br>55-0525724                  | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (8) United Physicians Care Inc<br><br>686 South Pike Street<br>Shinnston, WV 26431<br>55-0638563                    | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (9) United Summit Center Inc<br><br>6 Hospital Plaza<br>Clarksburg, WV 26301<br>55-0752788                          | Behavioral Health       | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (10) West Virginia Health Care Co-Op<br><br>PO Box 8059<br>Morgantown, WV 26506<br>55-0650441                       | Support                 | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (11) Camden-Clark Memorial Hospital<br><br>800 Garfield Ave<br>Parkersburg, WV 26102<br>31-1524546                  | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |
| (12) Camden-Clark Health Services<br><br>800 Garfield Ave<br>Parkersburg, WV 26102<br>55-0769602                    | Healthcare Access       | WV                                                     | 501C3                         | 11a, I                                                        | N/A                                 |                                                        | No |
| (13) Camden-Clark Foundation<br><br>800 Garfield Ave<br>Parkersburg, WV 26102<br>55-0667789                         | Support                 | WV                                                     | 501C3                         | 11a                                                           | N/A                                 |                                                        | No |
| (14) Camden-Clark Physician Corp<br><br>604 Ann Street<br>Parkersburg, WV 26102<br>26-4058719                       | Patient Care            | WV                                                     | 501C3                         | 11a, I                                                        | N/A                                 |                                                        | No |
| (15) University Healthcare Physicians<br><br>2500 Foundation Way<br>Martinsburg, WV 25401<br>90-0893455             | Patient Care            | WV                                                     | 501C3                         | 11a, a                                                        | N/A                                 |                                                        | No |
| (16) Potomac Valley Hospital<br><br>100 Pin Oak Lane<br>Keyser, WV 26726<br>55-0420956                              | Patient Care            | WV                                                     | 501C3                         | 3                                                             | N/A                                 |                                                        | No |