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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization
WHEELING HOSPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1 MEDICAL PARK

City or town, state or province, country, and ZIP or foreign postal code
WHEELING, WV 260036300

D Employer identification number
55-0357057

E Telephone number
(304) 243-3801

G Gross receipts $ 483,700,767

F Name and address of principal officer:
JOSEPH A WENGER
1 MEDICAL PARK
WHEELING, WV 260036300

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WHEELINGHOSPITAL.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1850

M State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE NEEDED CARE TO THE COMMUNITY REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,681
6	Total number of volunteers (estimate if necessary)	**6**	181
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,463,702
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	263,598

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	803,773	19,980,051
9	Program service revenue (Part VIII, line 2g)	386,863,083	389,585,031
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	622,868	1,123,006
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,384,305	22,037,397
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	408,674,029	432,725,485
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	217,312,758	227,551,649
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	199,283,156	222,718,516
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	416,595,914	450,270,165
19	Revenue less expenses. Subtract line 18 from line 12	-7,921,885	-17,544,680

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	414,256,506	359,749,823
21	Total liabilities (Part X, line 26)	112,913,784	118,616,463
22	Net assets or fund balances. Subtract line 21 from line 20	301,342,722	241,133,360

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 — Date: 2021-08-12

JOSEPH A WENGER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00287234

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200
INDIANAPOLIS, IN 46204 — Phone no. (317) 464-8600

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:

WHEELING HOSPITAL, INC. IS A CATHOLIC HOSPITAL THAT SERVES AS A HEALTH MINISTRY, PROVIDING COMPASSIONATE CARE TO PEOPLE OF ALL FAITHS IN A LOVING, SPIRITUAL ENVIRONMENT. GOD GIVES US THE RESPONSIBILITY TO CARRY OUT HIS MISSION OF HEALING AND TO PROMOTE THE WELL-BEING OF OUR EMPLOYEES AND OUR COMMUNITY. IN DOING SO, WE, THE WHEELING HOSPITAL, INC. FAMILY, FULFILL OUR MISSION THROUGH OUR:-HEALING-UNDERSTANDING-MINISTRY-ADVANCED TECHNOLOGY-NURTURANCE-TRADITION-ONGOING EDUCATION-UNITY-CARE-HOPE

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 $ 395,659,830 including grants of $) (Revenue $ 373,575,695)
See Additional Data

4b (Code:) (Expenses $ 13,323,131 including grants of $) (Revenue $ 16,001,746)
See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 408,982,961

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D,* Part I	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D,* Part VI.	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** 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	1a	260		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	3,681		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶CJ 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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	**1a**	14		
	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	**1b**	12		
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**	Yes	
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**	Yes	
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**	Yes	
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**	Yes	
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**		No

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JOSEPH A WENGER 1 MEDICAL PARK WHEELING, WV 26003 (304) 243-3801

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,649,907	0	669,103

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 ▶ 264

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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) Name and business address	(B) Description of services	(C) Compensation
MOUNTAIN EMERGENCY PHYSICIANS LLP 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	PHYSICIAN SERVICES	3,542,726
R & V ASSOCIATES 310 GRANT STREET STE 1120 PITTSBURGH, PA 15219	CONSULTING SERVICES	3,214,792
QUEST DIAGNOSTICS 2249 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LAB TESTING SERVICES	2,219,674
UROLOGY GROUP ASSOCIATES 1524 SUNSET BLVD STEUBENVILLE, OH 43952	PHYSICIAN SERVICES	1,559,025
TRISTATE PAIN & SPINE CENTER 117 AMMONS DRIVE MCMURRAY, PA 15317	PHYSICIAN SERVICES	1,482,300

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 ▶ 38

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	18,874,544			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,105,507			
	g Noncash contributions included in lines 1a - 1f: $	1g	450,138			
	h **Total.** Add lines 1a-1f		19,980,051			
Program Service Revenue		Business Code				
	2a MEDICARE REVENUE	621990	189,279,827	189,279,827		
	b PATIENT SERVICE REV.	622110	163,274,289	163,274,289		
	c MEDICAID REVENUE	621990	36,750,341	36,750,341		
	d RENTS FROM AFFILIATES	900099	280,574	280,574		
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.	389,585,031				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,484,538	-7,590		2,492,128
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 1,118,198				
	b Less: rental expenses	6b 265,347				
	c Rental income or (loss)	6c 852,851				
	d Net rental income or (loss)		852,851			852,851
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 48,687,410	340,979			
	b Less: cost or other basis and sales expenses	7b 49,502,263	887,658			
	c Gain or (loss)	7c -814,853	-546,679			
	d Net gain or (loss)		-1,361,532			-1,361,532
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a 366,792				
	b Less: direct expenses	8b 320,014				
	c Net income or (loss) from fundraising events		46,778			46,778
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a APOTHECARY INCOME	446110	9,261,882		5,960,272	3,301,610
	b NON-OPERATING REVENUE	713940	4,475,068		1,291,885	3,183,183
	c MED SVCS/DIAGN LAB	621500	1,211,545		1,211,545	
	d All other revenue		6,189,273			6,189,273
	e **Total.** Add lines 11a–11d		21,137,768			
	12 **Total revenue.** See instructions		432,725,485	389,577,441	8,463,702	14,704,291

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,874,533	60,551	3,813,982	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	183,528,335	169,483,055	14,045,280	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,195,203	2,112,887	82,316	
9 Other employee benefits	25,274,273	22,890,316	2,383,957	
10 Payroll taxes	12,679,305	11,436,616	1,242,689	
11 Fees for services (non-employees):				
a Management				
b Legal	2,866,626		2,866,626	
c Accounting	405,868		405,868	
d Lobbying	26,056		26,056	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,724		157,724	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,991,601	28,531,675	1,459,926	
12 Advertising and promotion	1,224,201	24,030	1,200,171	
13 Office expenses	23,525,327	19,118,474	4,406,853	
14 Information technology	594,359		594,359	
15 Royalties				
16 Occupancy	4,373,747	4,091,222	282,525	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	527,208	444,245	82,963	
20 Interest	2,026,316	1,847,589	178,727	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,920,485	16,361,447	2,559,038	
23 Insurance	5,890,333	5,380,023	510,310	
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 MEDICAL SUPPLIES	105,841,068	105,824,765	16,303	
b LICENSES AND TAXES	13,514,937	11,801,789	1,713,148	
c CONSULT/MGMT CONTRACTS	1,243,534	2,173	1,241,361	
d UBI TAXES	312,349	312,349	0	
e All other expenses	11,276,777	9,259,755	2,017,022	
25 **Total functional expenses.** Add lines 1 through 24e	450,270,165	408,982,961	41,287,204	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		54,280,722	1	36,018,399
	2	Savings and temporary cash investments		6,063,760	2	7,397,681
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,185,651	4	38,226,631
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,152,255	7	136,815
	8	Inventories for sale or use		4,556,635	8	4,430,744
	9	Prepaid expenses and deferred charges		4,817,782	9	4,018,205
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 484,833,239			
	b	Less: accumulated depreciation	10b 306,678,062	173,595,986	10c	178,155,177
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		100,431,219	12	61,712,775
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		2,760,412	14	2,357,134
	15	Other assets. See Part IV, line 11		25,412,084	15	27,296,262
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		414,256,506	16	359,749,823
Liabilities	17	Accounts payable and accrued expenses		53,387,109	17	58,525,174
	18	Grants payable			18	254,668
	19	Deferred revenue			19	94,613
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		56,006,990	23	53,547,077
	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		3,519,685	25	6,194,931
	26	**Total liabilities.** Add lines 17 through 25		112,913,784	26	118,616,463
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		297,488,225	27	237,166,695
	28	Net assets with donor restrictions		3,854,497	28	3,966,665
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		301,342,722	32	241,133,360
	33	Total liabilities and net assets/fund balances		414,256,506	33	359,749,823

Part XI Reconcilliation 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	432,725,485
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,270,165
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,544,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	301,342,722
5	Net unrealized gains (losses) on investments	5	
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	-42,664,682
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241,133,360

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

Additional Data

Software ID:

Software Version:

EIN: 55-0357057

Name: WHEELING HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

WHEELING HOSPITAL, INC. SERVICED 12,518 INPATIENTS, 725,599 OUTPATIENTS, AND 13,167 HOME HEALTH VISITS DURING THE FISCAL YEAR 2020. COMMUNITY SERVICES INCLUDED MEDICAL SCREENING, DIABETIC EDUCATION, CANCER SUPPORT, ETC. AND IS PROVIDED FREE OF CHARGE. THIS INCLUDES THE PHYSICIAN PRACTICE DIVISION, THE WHEELING PEDIATRICS DIVISION, AND THE WOMEN'S HEALTH SERVICES DIVISION. SEE SCHEDULE H.

Form 990, Part III, Line 4b:

CONTINUOUS CARE CENTER SERVICED 525 SKILLED AND LONG-TERM PATIENTS FOR A TOTAL OF 49,990 PATIENT DAYS.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEVENDER BATRA PHYSICIAN	40.00 0.00					X		1,698,240	0	39,723
GREGORY S MERRICK PHYSICIAN	40.00 0.00					X		1,429,740	0	15,035
JONDAVID POLLOCK PHYSICIAN	40.00 0.00					X		1,297,643	0	40,211
HOWARD SHACKELFORD PHYSICIAN	40.00 0.00					X		1,071,747	0	38,329
JEFFREY ABBOTT PHYSICIAN	40.00 0.00					X		995,302	0	46,605
ANGELO GEORGES MD CHIEF MEDICAL OFFICER (END 6/19)	56.00 4.00				X			530,964	0	40,734
SHAWN STERN MEDICAL DIRECTOR	52.00 8.00				X			457,280	0	46,885
KAREEN SIMON EXECUTIVE VICE PRESIDENT/COO	56.00 4.00				X			480,186	0	14,755
JAMES B MURDY CHIEF ADMINISTRATIVE OFFICER	56.00 4.00			X				321,965	0	53,462
DAVID RAPP CHIEF INFORMATION OFFICER	56.00 4.00				X			320,878	0	44,018

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS NIESS MD CHIEF MED. INFO. OFFICER	57.00 3.00				X			285,588	0	46,513
BRUCE ARCHER VICE PRESIDENT AND GENERAL COUNSEL	56.00 4.00				X			227,095	0	42,794
JOHN DEBLASIS SENIOR ADMIN. & VICE PRESIDENT	30.00 30.00				X			201,088	0	27,473
ANTHONY MARTINELLI ASSISTANT VICE PRESIDENT	40.00 20.00				X			195,695	0	32,714
VINCENT AZZARELLO SENIOR DIRECTOR	52.00 8.00				X			188,338	0	30,639
KATHY STAHL CHIEF NURSING OFFICER/VICE PRESIDENT	52.00 8.00				X			190,367	0	17,133
JOHN D LUCEY SENIOR ADMINISTRATOR	56.00 4.00				X			180,176	0	23,282
DIANE LIVENGOOD SENIOR DIRECTOR	52.00 8.00				X			181,268	0	11,984
JOHN PASTORIUS VICE PRESIDENT	56.00 4.00				X			151,337	0	39,232
HEIDI PORTER VP OF QUALITY & REGULATORY AFFAIRS	52.00 8.00				X			162,836	0	17,582

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH C NANNERS MD BOARD MEMBER	1.00 0.00	X						71,600	0	0
JOHN J BATTAGLINO JR MD BOARD MEMBER	1.00 0.00	X						10,574	0	0
THE MOST REV MARK E BRENNAN BOARD MEMBER/CHAIRMAN (AS OF 1/20)	1.00 0.00	X		X				0	0	0
LAWRENCE E BANDI CHAIRMAN (THRU 12/19)/BOARD MEMBER	1.00 0.00	X						0	0	0
THOMAS F BURGOYNE BOARD MEMBER	1.00 0.00	X						0	0	0
FRANK L CARENBAUER III DDS BOARD MEMBER	1.00 0.00	X						0	0	0
C GARY HILL BOARD MEMBER	1.00 0.00	X						0	0	0
CURTIS R OLIVER BOARD MEMBER	1.00 0.00	X						0	0	0
SISTER MARY PALMER CSJ BOARD MEMBER	1.00 0.00	X						0	0	0
MICHAEL A SLIVA BOARD MEMBER	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS A SPARACHANE BOARD MEMBER	1.00 0.00	X						0	0	0
RAYMOND V THALMAN III BOARD MEMBER	1.00 0.00	X						0	0	0
DOUGLAS HARRISON CHIEF EXECUTIVE OFFICER	57.00 3.00			X				0	0	0
MIKE CAMPSEY CHIEF MEDICAL OFFICER	57.00 3.00			X				0	0	0
STEVE BROWN VP PHYS. PRAC. DIV. (AS OF 5/20)	57.00 3.00			X				0	0	0
JOSEPH A WENGER CHIEF FINANCIAL OFFICER (AS OF 5/20)	57.00 3.00			X				0	0	0
MIKE ONUSKO CORP. COMPL. OFFICER (AS OF 12/19)	57.00 3.00			X				0	0	0
REV MON EUGENE OSTROWSKIVG SECRETARY (AS OF 1/20)	1.00 0.00	X		X				0	0	0
MARK L BENSON MD BOARD MEMBER (AS OF 1/20)	1.00 0.00	X						0	0	0

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *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 12a or 12b 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	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

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* ***Part VI*** *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.*	**1**		
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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

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.***	**3a**		
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.*	**3b**		

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 (explain in Part VI). **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	**Adjusted Net Income** (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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** 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	**Minimum Asset Amount** (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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 55-0357057

Name: WHEELING HOSPITAL INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225007011

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
WHEELING HOSPITAL INC	55-0357057

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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.		

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? ☐ **Yes** ☐ **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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,056
j	Total. Add lines 1c through 1i			26,056
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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
PART II-B, LINE 1:	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT ARE SPECIFICALLY ALLOCABLE TO LOBBYING. WHEELING HOSPITAL, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,634,993		6,634,993
b Buildings		208,068,674	107,625,269	100,443,405
c Leasehold improvements		902,774	190,745	712,029
d Equipment		239,876,376	191,682,481	48,193,895
e Other		29,350,422	7,179,567	22,170,855
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				178,155,177

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	10,868,736	C
(B) COMMON STOCK	32,019,593	C
(C) CASH	10,889,387	C
(D) OTHER INVESTMENTS	7,613,684	C
(E) INVESTMENT - WHEELING RENAL CARE, LLC	321,375	C
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	61,712,775	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)ESTIMATED AMOUNTS DUE FROM THIRD PARTY PAYORS	2,809,434
(2)INTERCOMPANY RECEIVABLES	23,620,684
(3)INTEREST RECEIVABLE	74,105
(4)OTHER RECEIVABLES	792,039
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,296,262

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF INSURANCE RESERVES	609,000
(3) ESTIMATED AMOUNTS DUE FROM THIRD PARTY PAYORS	3,204,227
(4) ASSET RETIREMENT OBLIGATION	1,538,750
(5) DEFERRED COMPENSATION	322,095
(6) LONG-TERM PORTION OF ACCRUED PROPERTY TAXES	520,859
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	6,194,931

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 55-0357057
Name: WHEELING HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF WHEELING HOSPITAL, INC. AND SUBSIDIARIES: WHEELING HOSPITAL, INC. (THE HOSPITAL), BELMONT COMMUNITY HOSPITAL, MEDICAL PARK FOUNDATION (THE FOUNDATION), WHEELING PEDIATRICS, LLC (WP), WOMEN'S HEALTH SPECIALISTS OF WHEELING HOSPITAL, LLC (WHS), HARRISON COMMUNITY HOSPITAL (HCH), AND HARRISON COMMUNITY HOSPITAL FOUNDATION (HCF) ALL QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE US INTERNAL REVENUE CODE. WH HOLDINGS II, LLC (WHH II) IS TREATED AS A DISREGARDED ENTITY OF THE HOSPITAL. MOUNTAINEER FREEDOM LIMITED (MFLTD) IS A FOREIGN ENTITY, INCORPORATED IN THE CAYMAN ISLANDS. THE EFFECT OF INCOME TAXES ON MFLTD IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IS NOT MATERIAL. THE HOSPITAL DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2020 AND 2019.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	CAPTIVE INSURANCE ACTIVITY	370,313
3a Sub-total	0	2			370,313
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	2			370,313

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 UNIFORM SALE (event type)	(b) Event #2 SHOE SALE (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	159,203	41,751	165,838	366,792
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	159,203	41,751	165,838	366,792
Direct Expenses	4 Cash prizes			3,773	3,773
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	130,764	33,223	152,254	316,241
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				320,014
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				46,778

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225007011

SCHEDULE H (Form 990)

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

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.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
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.			
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 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)			2,814,651	0	2,814,651	0.630 %
b Medicaid (from Worksheet 3, column a)			67,740,833	47,492,793	20,248,040	4.500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			70,555,484	47,492,793	23,062,691	5.130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			611,909	0	611,909	0.140 %
f Health professions education (from Worksheet 5)			2,326,792	1,542,374	784,418	0.170 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			2,938,701	1,542,374	1,396,327	0.310 %
k **Total.** Add lines 7d and 7j			73,494,185	49,035,167	24,459,018	5.440 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,198,100	1,198,100		0 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,198,100	1,198,100	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	23,953,224		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	54,707		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	75,315,611		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	84,473,946		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,158,335		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 WHEELING HOSPITAL INC

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	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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	
6 a	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	☑ Hospital facility's website (list url): HTTPS://WVUMEDICINE.ORG/ABOUT/LEADERSHIP-AND-MORE/CHNA/			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

WHEELING HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): HTTPS://WVUMEDICINE.ORG/WHEELING/PATIENTS-AND-VISITORS/BILLING/			
b ☑ The FAP application form was widely available on a website (list url): HTTPS://WVUMEDICINE.ORG/WHEELING/PATIENTS-AND-VISITORS/BILLING/			
c ☑ A plain language summary of the FAP was widely available on a website (list url): HTTPS://WVUMEDICINE.ORG/WHEELING/PATIENTS-AND-VISITORS/BILLING/			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

WHEELING HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 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?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

WHEELING HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **1**

	Name and address	Type of Facility (describe)
1	1 - CONTINUOUS CARE CENTER PO BOX 6313 WHEELING, WV 26003	SKILLED NURSING FACILITY
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	ELIGIBILITY FOR FINANCIAL ASSISTANCE IS DETERMINED BY REFERENCING THEFINANCIAL ASSISTANCE MATRIX, WHICH IS BASED ON THE FEDERAL POVERTYGUIDELINES FOR THE MOST CURRENT YEAR AVAILABLE AS ISSUED BY THE DEPARTMENTOF HEALTH AND HUMAN SERVICES. APPLICANTS ARE REQUIRED TO PROVIDE PROOF OFINCOME, SUCH AS UNEMPLOYMENT, WORKER'S COMPENSATION, SOCIAL SECURITY, ANDALIMONY/CHILD SUPPORT. THEY ARE ALSO ASKED IF THEY HAVE MEDICAID OR ANYOTHER THIRD PARTY INSURANCE. APPLICANTS CLAIMING THAT THEY HAVE NO INCOMEARE REQUIRED TO PROVIDE A LETTER OF SUPPORT FROM THE INDIVIDUAL PROVIDINGTHE SUPPORT FOR THE PATIENT. ADDITIONALLY, APPLICANTS MAY PROVIDE LETTERSOF DENIAL FROM INSURANCE PROVIDERS AS SUPPORT. ASSETS ARE ALSO CONSIDEREDWHEN DECIDING WHETHER TO GRANT FINANCIAL ASSISTANCE AS THE PATIENT ISREQUIRED TO PROVIDE COPIES OF BANK STATEMENTS, CERTIFICATES OF DEPOSIT,MONEY MARKET ACCOUNT STATEMENTS, ETC.
PART I, LINE 7:	THE COST OF CHARITY CARE IS COMPUTED BY MULTIPLYING THE AMOUNT OF GROSSPATIENT CHARGES WRITTEN OFF DURING THE FISCAL YEAR IN ACCORDANCE WITH THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY BY AN OVERALL COST-TO-CHARGE RATIO THAT IS COMPUTED BASED ON THE METHODOLOGY OF "WORKSHEET 2" OF THE FORM 990, SCHEDULE H INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	THE HOSPITAL ESTABLISHED "RAPID TESTING" LOCATIONS TO SCREEN MEMBERS OF THE COMMUNITY FOR COVID-19. THE LOCATIONS WERE THE ONLY SITES AVAILABLE DURING THE EARLY STAGES OF THE OUTBREAK WHERE THE PUBLIC COULD BE SCREENED FOR COVID-19.
PART III, LINE 2:	BAD DEBT EXPENSE WAS CALCULATED BY TAKING THE BAD DEBT WRITE-OFFS FOR9/30/20 (BASED ON GROSS CHARGES) FROM THE GENERAL LEDGER. THE TOTAL BADDEBT WRITE-OFFS WERE THEN MULTIPLIED BY THE OVERALL COST-TO-CHARGE RATIOOF 34.11% CALCULATED ON WORKSHEET 2 OF SCHEDULE H. DISCOUNTS TO PATIENTACCOUNTS ARE RECORDED AS CONTRACTUAL WRITE-OFF'S AND NOT AS BAD DEBT.THEREFORE, THE CALCULATED BAD DEBT EXPENSE DOES NOT INCLUDE ANY PORTION OFA PATIENT'S CHARGES THAT WERE DISCOUNTED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	ESTIMATE OF FACILITY BAD DEBTS WHICH MAY QUALIFY FOR CHARITY:THIS IS ESTIMATED BY CALCULATING THE CHARITY WRITE-OFFS AS A PERCENTAGE OFTOTAL REVENUE AND APPLYING THIS PERCENTAGE (0.63%) TO THE TOTAL BAD DEBTWRITE-OFFS FOR THE PERIOD. THE RESULTING AMOUNT IS THEN MULTIPLIED BY THEOVERALL COST/CHARGE RATIO COMPUTED ON WORKSHEET 2 OF THE FORM 990INSTRUCTIONS.
PART III, LINE 4:	WHEELING HOSPITAL, INC. DOES NOT HAVE SEPARATE AUDITED FINANCIALSTATEMENTS, BUT THE FOLLOWING FOOTNOTE IS INCLUDED IN THE CONSOLIDATEDAUDITED FINANCIAL STATEMENTS:THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMICCONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTIONINDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THEADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICALWRITE-OFF EXPERIENCE BY PAYOR. THE RESULTS OF THIS REVIEW ARE THEN USED TOMAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH ANAPPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BADDEBTS AS A PERCENTAGE OF NET PATIENT REVENUES WAS 5.91% AND 4.99% FOR THEYEARS ENDED SEPTEMBER 30, 2020 AND 2019, RESPECTIVELY.PROVISIONS FOR BAD DEBTS INCLUDE: 2020 2019 GOVERNMENT AND STATE PROVISION $0 $0 COMMERCIAL, OTHER, AND SELF-PAY $25,254,928 $21,372,522 THE BAD DEBT REFLECTED ON THE FINANCIAL STATEMENTS IS THE GROSS AMOUNT OFTHE ACCOUNTS DEEMED UNCOLLECTIBLE. THIS WOULD BE FOR ACCOUNTS THAT HAVEHAD NO PAYMENT FOR 60 DAYS AND HAVE HAD A MINIMUM OF FIVE STATEMENTSPRODUCED. THEREFORE, THE BAD DEBT AMOUNTS WOULD BE AFTER ANY DISCOUNTS ORPATIENT PAYMENTS HAVE BEEN APPLIED.THE RATIO FROM WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS WAS USED. THIS RATIO WAS APPLIED TO THE TOTAL BAD DEBT EXPENSE INCLUDED IN NET PATIENT SERVICE REVENUE.THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY WAS CALCULATED BY APPLYING THE PERCENTAGE OF CHARITY CARE TO GROSS PATIENT REVENUE TO THE TOTAL BAD DEBT EXPENSE AT COST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE COSTS REFLECTED IN LINE 6 ARE THE ALLOWABLE INPATIENT AND OUTPATIENT COSTS FROM WORKSHEET D-1 AND D, PART V OF THE 9/30/20 CMS COST REPORT. APPROXIMATELY $784K OF THE $9.16M SHORTFALL ON LINE 7 IS TREATED AS COMMUNITY BENEFIT. DESPITE THE FACT THAT THE PROGRAM SERVES ALL ELDERLYAND DISABLED BENEFICIARIES AND COULD REPRESENT COMMUNITY BENEFIT, THE MAJORITY OF THE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT. THE $784K TREATED AS A COMMUNITY BENEFIT IS THE MEDICARE SHORTFALL RELATING TO THE INTERNS AND RESIDENTS' MEDICAL EDUCATION PROGRAM. THE COMMUNITY BENEFIT FOR THE INTERN AND RESIDENT PROGRAM IS REPORTED ON LINE 7F (HEALTH PROFESSIONS EDUCATION) OF SCHEDULE H. MEDICARE COSTS OF $84M ON PART III, LINE 6, SECTION B, ARE OBTAINED FROM WORKSHEET D-1, D, AND PART V OF THE 9/30/20 MEDICARE COST REPORT.MEDICARE COST IS OBTAINED DIRECTLY FROM THE 9/30/20 WHEELING HOSPITAL,INC. MEDICARE COST REPORT. WORKSHEETS D-1 AND D, PART V OF THE COST REPORTCALCULATE MEDICARE INPATIENT AND OUTPATIENT COST, RESPECTIVELY, BASED ON AFULL-COSTING METHODOLOGY.
PART III, LINE 9B:	WHEELING HOSPITAL, INC.'S COLLECTION POLICY HAS BEEN ESTABLISHED TO DEFRAY THE COSTS OF MEDICALLY NECESSARY SERVICES FOR THOSE PATIENTS WHO MEET CERTAIN GUIDELINES AND HAVE NO OTHER MEDICAL FUNDING SOURCES. INPATIENT, OUTPATIENT, EMERGENCY ROOM SERVICES, PROFESSIONAL SERVICES OF EMPLOYED PHYSICIANS AND PRESCRIPTION DRUGS ON AN ACUTE/EMERGENT BASIS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE. THE FINANCIAL ASSISTANCE/CHARITY CARE APPLICATION MUST BE SIGNED BY THE APPLICANT ATTESTING TO THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED. ELIGIBILITY IS DETERMINED BY REFERENCING THE FINANCIAL ASSISTANCE/CHARITY CARE MATRIX, WHICH IS BASED ON THE FEDERAL POVERTY GUIDELINES FOR THE MOST CURRENT YEAR AVAILABLE. THOSE APPROVED APPLICANTS WHO ARE AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE TO RECEIVE CHARITY CARE, AND THOSE WHO ARE FROM 201% TO 400% OF THOSE LIMITS ARE ELIGIBLE FOR DISCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	WHEELING HOSPITAL, INC. IS CONTINUOUSLY EVALUATING AND ASSESSING COMMUNITY NEEDS THAT MAY ARISE OUTSIDE OF THE CHNA. THE IMPLEMENTATION PLAN FOR THE CHNA IS RE-EVALUATED YEARLY TO DETERMINE THE OPTIMAL RESPONSE TO THE UP-TO-DATE NEEDS THAT OCCUR SINCE THE DATE OF THE LAST REPORT AND HOW THE RESOURCES OF THE HOSPITAL CAN BEST BE USED FOR THE GREATER GOOD OF THE SURROUNDING AREA. ADDITIONALLY, EACH DEPARTMENT OF THE HOSPITAL THAT CONDUCTS COMMUNITY ABEYANCE PROGRAMS IS SURVEYED YEARLY IN REGARD TO THE EFFECTIVENESS OF CURRENT PROGRAMS IN PLACE AND THE BEST WAY TO RESPOND TO NEW ISSUES THAT HAVE ARISEN SINCE THE LAST SURVEY. THE RESULTS ARE EVALUATED IN REGARD TO HOW BEST TO DEPLOY HOSPITAL RESOURCES TO MEET THESE OBJECTIVES.
PART VI, LINE 3:	IF THE PATIENT HAS A SCHEDULED PROCEDURE AND HAS BEEN PRE-REGISTERED AS SELF PAY, THEY ARE DIRECTED TO THE FINANCIAL COUNSELOR, WHERE PAYMENT ARRANGEMENTS AND DISCOUNTS/CHARITY ARE DISCUSSED, IF APPLICABLE. SELF PAY ACCOUNTS OVER $500 ARE SCREENED BY MEDASSIST, AN OFFSITE SERVICE FOR GOVERNMENT PROGRAM ELIGIBILITY. ONCE AN ACCOUNT DROPS TO BILLING, THE CREDIT/COLLECTION STAFF GETS THAT ACCOUNT AND RESEARCH FOR OTHER ACCOUNTS, NOTING INSURANCE OR CHARITY. IF NOTHING PRIOR, THE PATIENT IS CALLED TO DISCUSS PAYMENT/CHARITY, AS APPLICABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	WHEELING HOSPITAL, INC. PREDOMINANTLY SERVICES THE WHEELING METROPOLITAN STATISTICAL AREA. THE PRIMARY SERVICE AREA INCLUDES ONE COUNTY IN THE NORTHERN PANHANDLE OF WEST VIRGINIA (OHIO COUNTY) AND ONE COUNTY IN OHIO (BELMONT COUNTY), WITH A TOTAL POPULATION OF APPROXIMATELY 108,417.THE ESTIMATED RACIAL MAKEUP OF THE MSA AS OF THE 2019 CENSUS WAS 93.20% WHITE, 3.95% AFRICAN AMERICAN, 0.65% ASIAN, 0.20% NATIVE AMERICAN, WITH THE REMAINDER FROM OTHER RACES OR A COMBINATION OF TWO OR MORE RACES. THE MEDIAN HOUSEHOLD INCOME FOR 2019 WAS APPROXIMATELY $50,744, WHILE THE MEDIAN HOUSEHOLD INCOME FOR THE UNITED STATES WAS APPROXIMATELY $62,843. THE BELOW POVERTY LEVEL PERCENTAGE FOR 2019 WAS APPROXIMATELY 12.85%, WHILE THE BELOW POVERTY LEVEL PERCENTAGE WAS APPROXIMATELY 10.5% FOR THE UNITED STATES.
PART VI, LINE 5:	A MAJORITY OF THE HOSPITAL'S BOARD MEMBERS ARE RESIDENTS OF THE PRIMARY SERVICE AREA AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE HOSPITAL.IN ADDITION, THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ANY QUALIFIED PHYSICIAN IN THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	WHEELING HOSPITAL, INC. (THE "HOSPITAL OR "WHEELING HOSPITAL") WAS CREATED BY AN ACT OF THE VIRGINIA GENERAL ASSEMBLY IN 1850. CURRENTLY, THE HOSPITAL OPERATES AND EXISTS UNDER THE LAWS OF WEST VIRGINIA AS A NOT-FOR-PROFIT CORPORATION. UNDER ITS CORPORATE CHARTER, THE HOSPITAL IS OPERATED, SUPERVISED, AND CONTROLLED BY THE ROMAN CATHOLIC DIOCESE OF WHEELING/CHARLESTON (THE "DIOCESE"). THE HOSPITAL CONSISTS OF THE WHEELING HOSPITAL DIVISION, A FULL SERVICE REGIONAL TEACHING HOSPITAL OFFERING A WIDE RANGE OF MEDICAL AND SURGICAL SERVICES ON AN INPATIENT AND OUTPATIENT BASIS, AND THE CONTINUOUS CARE CENTER WHEELING HOSPITAL (CCC), HOUSING A 144-BED SKILLED AND INTERMEDIATE CARE CENTER. THE HOSPITAL OWNS AND OPERATES THE PHYSICIAN PRACTICE DIVISION AS A DEPARTMENT OF THE HOSPITAL. THIS DIVISION CONSISTS OF A GROUP OF PRIMARY CARE AND MULTISPECIALTY PHYSICIANS PRACTICING AT THE HOSPITAL.THE HOSPITAL IS THE SOLE MEMBER OF BELMONT COMMUNITY HOSPITAL ("BELMONT HOSPITAL") LOCATED IN BELLAIRE, OHIO. BELMONT HOSPITAL CEASED HOSPITAL OPERATIONS IN APRIL 2019. THE HOSPITAL WHOLLY OWNS A CAPTIVE INSURANCE COMPANY, MOUNTAINEER FREEDOM, LTD. (MFLTD). THE HOSPITAL IS THE SOLE MEMBER OF THE MEDICAL PARK FOUNDATION (THE "FOUNDATION"), WHICH RAISES CONTRIBUTIONS SOLELY FOR THE USE OF THE HOSPITAL-CONTROLLED ENTITIES. THE PURPOSE OF THE FOUNDATION IS TO CULTIVATE PHILANTHROPIC SUPPORT FOR PATIENT CARE SERVICES, IMPROVE HOSPITAL FACILITIES, SUPPORT THE UNCOMPENSATED CARE PROGRAM, AND SUPPORT COMMUNITY OUTREACH PROGRAMS. THE HOSPITAL IS THE SOLE MEMBER OF WHEELING PEDIATRICS, LLC (WP) AND WOMEN'S HEALTH SERVICES (WHS). HOWEVER, THERE ARE NO ASSETS NOR ACTIVITIES FOR EITHER OF THESE LEGAL ENTITIES AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019. IN 2017, THE HOSPITAL BECAME THE SOLE MEMBER OF HARRISON COMMUNITY HOSPITAL (HCH), LOCATED IN CADIZ, OHIO, AND HARRISON COMMUNITY HOSPITAL FOUNDATION (HCF), WHICH RAISES CONTRIBUTIONS FOR THE USE OF HCH.IN 2019, THE HOSPITAL BECAME THE SOLE MEMBER OF WHEELING HOSPITAL AMBULATORY SURGERY CENTER LLC ("WH ASC") LOCATED IN BRIDGEPORT, OHIO.THE HOSPITAL ENTERED INTO AN AGREEMENT WITH WEST VIRGINIA UNIVERSITY HOSPITALS, INC. TO PROVIDE KEY MANAGEMENT SERVICES IN 2019. ON SEPTEMBER 20, 2020, THE HOSPITAL ENTERED INTO A LETTER OF INTENT WITH WEST VIRGINIA UNITED HEALTH SYSTEMS (D/B/A WEST VIRGINIA HEALTH SYSTEM) (WVUHS) FOR WVUHS TO BECOME THE SOLE MEMBER OF THE HOSPITAL WHICH IS ANTICIPATED TO CLOSE IN APRIL 2021 SUBJECT TO GOVERNMENTAL AND THIRD PARTY APPROVALS.THE HOSPITAL OWNS TWO HOLDING COMPANIES, WH HOLDINGS I, LLC (WHH I) AND WH HOLDINGS II, INC. (WHH II). WHH I IS A TAXABLE LIMITED LIABILITY COMPANY. WHH II IS A NONPROFIT CORPORATION. THESE HOLDING COMPANIES MAY BE USED FOR ANY FUTURE ENDEAVORS THAT MIGHT BE UNDERTAKEN AND CAPITALIZED BY THE HOSPITAL OUTSIDE OF THE COVENANTS AND AGREEMENTS GOVERNING THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) - INSURED MORTGAGE. AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019, THERE WERE NO ASSETS NOR ACTIVITIES FOR WHH I.

Additional Data

Software ID:

Software Version:

EIN: 55-0357057

Name: WHEELING HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WHEELING HOSPITAL INC 1 MEDICAL PARK WHEELING, WV 26003 WWW.WHEELINGHOSPITAL.ORG 89	X	X		X			X			

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
WHEELING HOSPITAL, INC.	PART V, SECTION B, LINE 5: INPUT WAS SOLICITED FROM THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY FROM AUGUST AND SEPTEMBER 2019. INDIVIDUAL INTERVIEW DISCUSSIONS INCLUDED THE HEALTH NEEDS OF THE COMMUNITY, BARRIERS TO HEALTH CARE ACCESS, OPPORTUNITIES FOR IMPROVEMENT, PERCEPTION OF WHEELING HOSPITAL, INC., AND FEEDBACK ON PREVIOUS INITIATIVES.THE FOLLOWING ORGANIZATIONS WERE CONSULTED BY THE HOSPITAL IN CONDUCTING ITS MOST RECENT CHNA:- OHIO COUNTY HEALTH DEPARTMENT- BELMONT BEHAVIORAL HEALTH & REHAB- CONTINUOUS CARE CENTER WHEELING HOSPITAL- WHEELING HEALTH RIGHT- WV DHHR- WHEELING CORPORATE HEALTH- WHEELING HOSPITAL FAMILY MEDICINE

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
WHEELING HOSPITAL, INC.	PART V, SECTION B, LINE 6A: THE CHNA FOR WHEELING HOSPITAL, INC. AND BELMONT COMMUNITY HOSPITAL, A RELATED PARTY, WERE CONDUCTED SIMULTANEOUSLY, BUT SEPARATE REPORTS WERE ISSUED FOR EACH HOSPITAL.

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

Form and Line Reference	Explanation
WHEELING HOSPITAL, INC.	PART V, SECTION B, LINE 11: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ISSUED IN SEPTEMB ER 2019 IDENTIFIED THE SAME THREE COMMUNITY HEALTH PRIORITIES THAT WERE IDENTIFIED IN THE 2016 CHNA. THESE ARE IDENTIFIED BELOW IN THE COMMUNITY HEALTH PRIORITIES SUMMARY TAKEN FRO M THE SEPTEMBER 2019 CHNA. PROGRESS ON THESE IDENTIFIED HEALTH PRIORITIES IN FY'20 WAS SEV ERELY LIMITED DUE TO THE ADVENT OF THE COVID-19 PANDEMIC. IN MARCH 2020, A MAJORITY OF NON -EMERGENCY OUTPATIENT SERVICES, AND SOME INPATIENT SERVICES, WERE SUSPENDED AT WHEELING HO SPITAL, INC. THE DECREASED VOLUMES PLACED A SIGNIFICANT FINANCIAL STRAIN ON THE HOSPITAL. AS A RESULT, VERY LIMITED RESOURCES WERE AVAILABLE TO ALLOCATE TO THE IDENTIFIED COMMUNITY HEALTH NEEDS. SOME PROGRESS WAS MADE AS APPROXIMATELY 1,150 RESIDENTS PARTICIPATED IN HEA LTH FAIRS CONDUCTED BY THE HOSPITAL AND 491 RESIDENTS PARTICIPATED IN SMOKING CESSATION, P ROPER NUTRITION AND PHYSICAL ACTIVITY SEMINARS IN FY'20. THE HOSPITAL WAS FORCED DUE TO TH E EMERGENCE OF THE COVID-19 VIRUS TO DIVERT LIMITED RESOURCES TO THE DETECTION AND TREATME NT OF COVID-19. APPROXIMATELY $2.5M WAS EXPENDED BY THE HOSPITAL ON COVID-19 COMMUNITY SCR EENING LOCATIONS. IN ADDITION, THE HOSPITAL SUPPLIED TECHNICAL AND ADMINISTRATIVE SUPPORT TO THE OHIO COUNTY HEALTH DEPARTMENT TO PREPARE A VACCINATION SITE IN THE COMMUNITY IN ANT ICIPATION OF THE ARRIVAL OF THE COVID-19 VACCINES.COMMUNITY HEALTH PRIORITIESTHE RESULTS O F THE CHNA WILL ENABLE THE HOSPITAL AS WELL AS OTHER COMMUNITY PROVIDERS TO COLLABORATE TH EIR EFFORTS TO PROVIDE THE NECESSARY RESOURCES FOR THE COMMUNITY. AFTER REVIEWING DATA SOU RCES PROVIDING DEMOGRAPHIC, POPULATION, SOCIOECONOMIC, AND HEALTH STATUS INFORMATION IN AD DITION TO COMMUNITY FEEDBACK, HEALTH NEEDS OF THE COMMUNITY WERE PRIORITIZED. THE FOLLOWIN G COMMUNITY HEALTH ISSUES WERE IDENTIFIED IN THE PRIOR CHNA OF THE HOSPITAL AND THESE ISSU ES HAVE BEEN SELECTED AGAIN AS THE PRIORITY HEALTH ISSUES TO BE ADDRESSED:1. CHRONIC DISEA SE MANAGEMENT2. UNHEALTHY LIFESTYLES3. DRUG AND ALCOHOL ABUSECHRONIC DISEASE MANAGEMENTPRI ORITY CONDITIONS INCLUDE OBESITY AND DIABETES. OBESITY AND UNHEALTHY EATING AND ACTIVITY H ABITS GIVE INDIVIDUALS A HIGHER RISK FOR LIVER AND GALLBLADDER DISEASE, TYPE 2 DIABETES, H IGH BLOOD PRESSURE, HIGH CHOLESTEROL AND TRIGLYCERIDES, CORONARY ARTERY DISEASE (CAD), STR OKE, SLEEP APNEA AND RESPIRATORY PROBLEMS, OSTEOARTHRITIS, AND GYNECOLOGICAL PROBLEMS, AMO NG OTHER CONDITIONS. CHILDREN WHO ARE OBESE ARE AT RISK FOR MANY OF THE SAME LONG-TERM HEA LTH PROBLEMS. IF YOU HAVE HEALTHIER HABITS OR LOSE WEIGHT, YOUR RISK FOR THESE CONDITIONS IS REDUCED. THE HOSPITAL WILL CONTINUE TO PROVIDE OUTREACH AND EDUCATION TO THE RESIDENTS OF WHEELING, WEST VIRGINIA AND THE SURROUNDING COMMUNITIES. THE HOSPITAL WILL CONTINUE TO PROVIDE DIABETIC AND WEIGHT LOSS EDUCATION TO THE COMMUNITY AND HOLD HEALTH FAIRS TO PROVI DE LOW COST PREVENTIVE AND EDUCATIONAL SERVICES TO THE COMMUNITY. WHEELING HOSPITAL, INC. HAS CONTINUED ITS TRADITION OF

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
WHEELING HOSPITAL, INC.	PROVIDING OUTREACH AND EDUCATION TO THE RESIDENTS OF WHEELING, WEST VIRGINIA AND SURROUND ING COMMUNITIES REGARDING THE CAUSES OF CHRONIC DISEASE, PREVENTATIVE MEASURE AND TREATMEN T. DURING THE FISCAL YEAR ENDING 9/30/18 APPROXIMATELY 2,224 AREA RESIDENTS PARTICIPATED I N HEALTH FAIRS CONDUCTED BY WHEELING HOSPITAL, INC. DURING THE FISCAL YEAR ENDING 9/30/19 APPROXIMATELY 1,150 RESIDENTS PARTICIPATED IN SIMILAR HOSPITAL SPONSORED HEALTH FAIRS. THE HEALTH FAIRS PROVIDED DIABETES SCREENINGS AND EDUCATION, BLOOD PRESSURE MONITORING, CHOLE STEROL SCREENING AS WELL AS EDUCATION ON BREAST HEALTH AND BONE HEALTH.UNHEALTHY LIFESTYLE SUNHEALTHY LIFESTYLE CHOICES CONTRIBUTE TO OTHER HEALTH CONDITIONS. SMOKING, POOR NUTRITIO N, AND PHYSICAL INACTIVITY ARE PREVALENT AMONG RESIDENTS IN THE SERVICE AREA. TOBACCO IS T HE LEADING CAUSE OF PREVENTABLE ILLNESS AND DEATH IN THE UNITED STATES. IT CAUSES MANY DIF FERENT CANCERS AS WELL AS CHRONIC LUNG DISEASES, SUCH AS EMPHYSEMA AND BRONCHITIS, AND HEA RT DISEASE. COMMUNITY CULTURE, LACK OF HEALTH CARE COVERAGE, AND LOW INCOME CAN LEAD TO UN HEALTHY LIFESTYLE CHOICES.THE HOSPITAL WILL CONTINUE TO PROVIDE OUTREACH AND EDUCATION FOR SMOKING CESSATION, PROPER NUTRITION AND THE IMPORTANCE OF PHYSICAL ACTIVITY. IN ADDITION, THE HOSPITAL WILL CONTINUE TO ASSIST WITH HEALTH AND WELLNESS PROGRAMS AND PROVIDE THE NE CESSARY RESOURCES FOR THOSE SEEKING A HEALTHY LIFESTYLE THROUGH DIET AND EXERCISE. WHEELIN G HOSPITAL, INC. PROVIDED OUTREACH AND EDUCATION FOR SMOKING CESSATION, PROPER NUTRITION A ND THE IMPORTANCE OF PHYSICAL ACTIVITY TO APPROXIMATELY 787 COMMUNITY MEMBERS DURING THE 9 /30/18 FISCAL YEAR. 491 COMMUNITY MEMBERS PARTICIPATED IN HEALTH LIFESTYLE PROGRAMS IN THE 9/30/19 FISCAL YEAR. PARTICULAR ATTENTION WAS GIVEN TO HEALTH & WELLNESS EDUCATION FOR TH E OLDER ADULTS IN THE COMMUNITY GIVEN THE AGING OF THE POPULATION IN THE WHEELING HOSPITAL , INC. SERVICE AREA. THE HOSPITAL WILL CONTINUE TO ASSIST WITH HEALTH AND WELLNESS PROGRAM S AND PROVIDE THE NECESSARY RESOURCES FOR THOSE SEEKING A HEALTHY LIFESTYLE THROUGH DIET A ND EXERCISE.DRUG AND ALCOHOL ABUSEABUSE OF ALCOHOL AND ILLICIT DRUGS IS COSTLY TO OUR NATI ON, EXACTING OVER $400 BILLION ANNUALLY IN COSTS. THE TOLL THAT DRUG AND ALCOHOL PROBLEMS HAVE ON INDIVIDUALS IS SIGNIFICANT, AS THEY ARE AT INCREASED RISK FOR SERIOUS HEALTH PROBL EMS, CRIMINAL ACTIVITY, AUTOMOBILE CRASHES, AND LOST PRODUCTIVITY IN THE WORKPLACE. BUT IN DIVIDUALS WITH DRUG AND ALCOHOL PROBLEMS ARE NOT THE ONLY ONES WHO SUFFER. THE FAMILIES, F RIENDS, AND COMMUNITIES ALSO SUFFER GREATLY. THE ABUSE OF ALCOHOL AND DRUGS LEADS TO MULTI PLE ACUTE AND CHRONIC ADVERSE HEALTH OUTCOMES, AS WELL AS A VARIETY OF NEGATIVE CONSEQUENC ES WITHIN THE FAMILY UNIT, POOR PERFORMANCE IN SCHOOL, OR DIFFICULTIES AT WORK. ALCOHOL AB USE LEADS TO DECREASED INHIBITIONS AND IMPAIRED JUDGMENTS THAT INFLUENCE RECKLESS AND SOME TIMES AGGRESSIVE BEHAVIOR. IT ALSO LEADS TO HIGH RATES OF MOTOR VEHICLE ACCIDENTS AND INJU RIES/DEATHS. ON A CHRONIC BASI

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
WHEELING HOSPITAL, INC.	S, IT CAN LEAD TO ANEMIA, HEPATITIS AND CIRRHOSIS, PANCREATITIS, COGNITIVE EFFECTS DUE TO BRAIN DAMAGE, FETAL ALCOHOL SYNDROME, LOW BIRTHWEIGHT, AND OTHER POOR HEALTH OUTCOMES. SUB STANCE ABUSE PROBLEMS COMMONLY OCCUR IN CONJUNCTION WITH MENTAL HEALTH ISSUES. ILLICIT DRU G USE WAS A RECURRING ISSUE OF CONCERN IN MANY OF OUR INTERVIEWS WITH COMMUNITY MEMBERS. T HE PROBLEMS OF SUBSTANCE ABUSE INVOLVE THREE LEVELS OF INTERVENTION: PREVENTION, SCREENING , AND DETECTION. THESE THREE OPPORTUNITIES REQUIRE DETERMINED, COLLABORATIVE ACTION INVOLV ING PUBLIC HEALTH, EDUCATION, HEALTH CARE, AND CRIMINAL JUSTICE SYSTEMS AT THE COMMUNITY L EVEL.THE HOSPITAL WILL MAINTAIN ITS COLLABORATION AND REFERRAL NETWORK TO ADDRESS PATIENTS ' NEEDS WITH REGARDS TO ADDICTION AND ABUSE. THE HOSPITAL WILL CONTINUE TO PROVIDE OUTREAC H AND EDUCATION TO THE RESIDENTS OF WHEELING AND THE SURROUNDING COMMUNITIES. ADDITIONALLY , WHEELING HOSPITAL, INC. WILL ENGAGE WITH LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY AGENC IES IN INITIATIVES AIMED AT ADDRESSING THE OPIOID EPIDEMIC THAT IS CURRENTLY RAVAGING THE OHIO VALLEY.

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
WHEELING HOSPITAL, INC.	PART V, SECTION B, LINE 16J: IN ADDITION TO PROVIDING THE FULL FAP UPON REQUEST, A SUMMARY IS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOMS AND WAITING ROOMS. ALSO, SIGNAGE AND LITERATURE HAS BEEN DEPLOYED IN POINTS OF THE FACILITY, AND IN PHYSICIAN OFFICES, TO EDUCATE PATIENTS ABOUT THE FAP PROGRAM.

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on 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 on 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," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 6A:	DR. ABBOTT'S INCENTIVES ARE BASED ON A PERCENTAGE OF NET INCOME. OVERALL PHYSICIAN COMPENSATION WAS DETERMINED TO BE REASONABLE.
PART II:	KENNETH C. NANNERS, M.D. IS COMPENSATED $71,600 BY KENSTEP ENTERPRISES, INC. FOR ANESTHESIA CALLS AND OPERATING ROOM MANAGEMENT SERVICES.

Additional Data

Software ID:
Software Version:
EIN: 55-0357057
Name: WHEELING 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DEVENDER BATRA PHYSICIAN	(i)	1,698,240	0	0	12,040	27,683	1,737,963	0
	(ii)	0	0	0	0	0	0	0
1GREGORY S MERRICK PHYSICIAN	(i)	1,429,740	0	0	13,720	1,315	1,444,775	0
	(ii)	0	0	0	0	0	0	0
2JONDAVID POLLOCK PHYSICIAN	(i)	1,297,643	0	0	13,720	26,491	1,337,854	0
	(ii)	0	0	0	0	0	0	0
3HOWARD SHACKELFORD PHYSICIAN	(i)	1,071,747	0	0	11,760	26,569	1,110,076	0
	(ii)	0	0	0	0	0	0	0
4JEFFREY ABBOTT PHYSICIAN	(i)	858,945	136,357	0	12,600	34,005	1,041,907	0
	(ii)	0	0	0	0	0	0	0
5ANGELO GEORGES MD CHIEF MEDICAL OFFICER (END 6/19)	(i)	530,964	0	0	12,951	27,783	571,698	0
	(ii)	0	0	0	0	0	0	0
6SHAWN STERN MEDICAL DIRECTOR	(i)	357,280	100,000	0	12,880	34,005	504,165	0
	(ii)	0	0	0	0	0	0	0
7KAREEN SIMON EXECUTIVE VICE PRESIDENT/COO	(i)	400,186	80,000	0	13,440	1,315	494,941	0
	(ii)	0	0	0	0	0	0	0
8JAMES B MURDY CHIEF ADMINISTRATIVE OFFICER	(i)	268,925	53,040	0	22,213	31,249	375,427	0
	(ii)	0	0	0	0	0	0	0
9DAVID RAPP CHIEF INFORMATION OFFICER	(i)	268,438	52,440	0	16,235	27,783	364,896	0
	(ii)	0	0	0	0	0	0	0
10DENNIS NIESS MD CHIEF MED. INFO. OFFICER	(i)	248,988	36,600	0	18,917	27,596	332,101	0
	(ii)	0	0	0	0	0	0	0
11BRUCE ARCHER VICE PRESIDENT AND GENERAL COUNSEL	(i)	182,095	45,000	0	15,193	27,601	269,889	0
	(ii)	0	0	0	0	0	0	0
12JOHN DEBLASIS SENIOR ADMIN. & VICE PRESIDENT	(i)	168,299	32,789	0	14,385	13,088	228,561	0
	(ii)	0	0	0	0	0	0	0
13ANTHONY MARTINELLI ASSISTANT VICE PRESIDENT	(i)	170,744	24,951	0	10,310	22,404	228,409	0
	(ii)	0	0	0	0	0	0	0
14VINCENT AZZARELLO SENIOR DIRECTOR	(i)	164,570	23,768	0	8,173	22,466	218,977	0
	(ii)	0	0	0	0	0	0	0
15KATHY STAHL CHIEF NURSING OFFICER/VICE PRESIDENT	(i)	156,094	34,273	0	15,005	2,128	207,500	0
	(ii)	0	0	0	0	0	0	0
16JOHN D LUCEY SENIOR ADMINISTRATOR	(i)	157,001	23,175	0	12,534	10,748	203,458	0
	(ii)	0	0	0	0	0	0	0
17DIANE LIVENGOOD SENIOR DIRECTOR	(i)	157,397	23,871	0	1,307	10,677	193,252	0
	(ii)	0	0	0	0	0	0	0
18JOHN PASTORIUS VICE PRESIDENT	(i)	126,417	24,920	0	11,905	27,327	190,569	0
	(ii)	0	0	0	0	0	0	0
19HEIDI PORTER VP OF QUALITY & REGULATORY AFFAIRS	(i)	137,076	25,760	0	6,886	10,696	180,418	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 KENNETH C NANNERS MD BOARD MEMBER	(i)	71,600	0	0	0	0	71,600	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3	450,138	OTHER
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DOUGLAS HARRISON, CHIEF EXECUTIVE OFFICER OF WHEELING HOSPITAL, INC., MIKE CAMPSEY, CHIEF MEDICAL OFFICER OF WHEELING HOSPITAL, INC., AND MIKE ONUSKO, CORPORATE COMPLIANCE OFFICER OF WHEELING HOSPITAL, INC., ARE NOT EMPLOYEES OF WHEELING HOSPITAL, INC. MR. HARRISON, MR. CAMPSEY, AND MR. ONUSKO ARE EMPLOYEES OF WVU HEALTHCARE WITH WHICH WHEELING HOSPITAL, INC . ENTERED INTO A MANAGEMENT AGREEMENT IN 2019. FOR HIS ROLE AS CHIEF EXECUTIVE OFFICER OF WHEELING HOSPITAL, INC., DOUGLAS HARRISON IS COMPENSATED $581,328 BY WVU HEALTHCARE. FOR H IS ROLE AS CHIEF MEDICAL OFFICER OF WHEELING HOSPITAL, INC., MIKE CAMPSEY IS COMPENSATED $ 443,979 BY WVU HEALTHCARE. FOR HIS ROLE AS CORPORATE COMPLIANCE OFFICER OF WHEELING HOSPIT AL, INC., MIKE ONUSKO IS COMPENSATED $80,474 BY WVU HEALTHCARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	WHEELING HOSPITAL, INC. HAS A SINGLE MEMBER, MARK E. BRENNAN, BISHOP OF THE DIOCESE OF WHEELING-CHARLESTON.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	WHEELING HOSPITAL, INC. HAS A SINGLE MEMBER, MARK E. BRENNAN, BISHOP OF THE DIOCESE OF WHE ELING-CHARLESTON, WHO HAS THE ABILITY TO ELECT MEMBERS OF THE GOVERNING BODY OF WHEELING H OSPITAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FOLLOWING COMPLETION OF FORM 990 BY THE WHEELING HOSPITAL, INC. TAX PREPARER, FORM 990 IS REVIEWED BY INTERNAL PERSONNEL AND THE EXECUTIVE TEAM PRIOR TO FILING. THE DRAFT RETURN IS SENT TO THE AD HOC COMMITTEE OF THE BOARD VIA COURIER, FEDEX, OR UPS, PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS RECEIVE A COPY OF THE CONFLICT OF INTER EST POLICY ANNUALLY. RECIPIENTS ARE ANNUALLY ASKED TO ACKNOWLEDGE THEY HAVE READ THE POLIC Y, IDENTIFY ANY AREAS OF CONFLICT AND RETURN THE SIGNED DISCLOSURE FORM TO WHEELING HOSPIT AL, INC. RESPONSES ARE REVIEWED AND IDENTIFIED. CONFLICTS ARE REFERRED TO THE BOARD OF DIR ECTORS FOR DISCUSSION AND APPROVAL. KEY EMPLOYEES AND OTHER EMPLOYEES ARE REQUIRED TO COMP LETE A CONFLICT OF INTEREST QUESTIONNAIRE AT HIRING AND WHEN A CHANGE OCCURS THAT MAY BE A CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DOUGLAS HARRISON, CHIEF EXECUTIVE OFFICER OF WHEELING HOSPITAL, INC., IS NOT AN EMPLOYEE O F WHEELING HOSPITAL, INC. MR. HARRISON IS AN EMPLOYEE OF WVU HEALTHCARE. WHEELING HOSPITAL , INC. ENTERED IN TO A MANAGEMENT AGREEMENT WITH WVU HEALTHCARE IN 2019, RESULTING IN THE HIRING OF MR. HARRISON AS THE CHIEF EXECUTIVE OFFICER. HIS COMPENSATION IS DETERMINED AND PAID THROUGH WVU HEALTHCARE. OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION IS REVIEWED BY THE WHEELING HOSPITAL AD HOC COMMITTEE. THE COMMITTEE REVIEWS NATIONAL, REGIONAL, AND LOC AL COMPENSATION SURVEYS. ADDITIONALLY, YEARS OF SERVICE ARE ALSO TAKEN INTO ACCOUNT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE U PON REQUEST. WHEELING HOSPITAL, INC. ALSO FILES THE FINANCIAL STATEMENTS WITH WVHCA ANNUAL LY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET RESTRICTED GRANT ACTIVITY -55,805. DIVIDENDS RECEIVED FROM MOUNTAINEER FREEDOM LIMITED 9,000,000. UNREALIZED GAIN RESTRICTED INVESTMENTS 114,745. RESTRICTED ACTIVITY VARIANCE - 622. LEGAL SETTLEMENT -51,723,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 3A:	WHEELING HOSPITAL, INC. ENTERED INTO A HUD/FHA SECTION 242 MORTGAGE INSURANCE AGREEMENT AN D WAS REQUIRED BY THIS ARRANGEMENT TO UNDERGO AN A-133 AUDIT.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WHEELING HOSPITAL INC

Employer identification number
55-0357057

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WHEELING PEDIATRICS LLC 222 N 5TH STREET MARTINS FERRY, OH 43935 26-1482791	PHYSICIAN OFFICES	OH	0	0	WHEELING HOSPITAL INC
(2) WOMEN'S HEALTH SPECIALISTS OF WHEELING HOSPITAL LLC 1 MEDICAL PARK CENTER 3 SUITE 232 WHEELING, WV 26003 26-2809731	PHYSICIAN OFFICES	WV	0	0	WHEELING HOSPITAL INC
(3) WH HOLDINGS II LLC 1 MEDICAL PARK WHEELING, WV 26003 27-3193246	PURCHASE REAL ESTATE	WV	-1,664,474	23,314,972	WHEELING HOSPITAL INC
(4) WH HOLDINGS I LLC 1 MEDICAL PARK WHEELING, WV 26003 27-3193207	PURCHASE REAL ESTATE	WV	0	0	WHEELING HOSPITAL INC

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)BELMONT COMMUNITY HOSPITAL 4697 HARRISON STREET BELLAIRE, OH 43906 34-0714643	HOSPITAL	OH	501(C)(3)	3	WHEELING HOSPITAL INC	Yes	
(2)MEDICAL PARK FOUNDATION 1 MEDICAL PARK WHEELING, WV 26003 55-0744690	CHURCH	WV	501(C)(3)	1	WHEELING HOSPITAL INC	Yes	
(3)SELF INSURANCE TRUST AGREEMENT OF WHEELING HOSPITAL INC 1 MEDICAL PARK WHEELING, WV 26003 55-0676674	INSURANCE	WV	501(C)(3)	12 TYPE I	WHEELING HOSPITAL INC	Yes	
(4)HARRISON COMMUNITY HOSPITAL 951 E MARKET STREET CADIZ, OH 43907 34-1571750	HOSPITAL	OH	501(C)(3)	3	WHEELING HOSPITAL INC	Yes	
(5)HARRISON COMMUNITY HOSPITAL FOUNDATION 951 E MARKET STREET CADIZ, OH 43907 34-1571749	SUPPORT OF HOSPITAL	OH	501(C)(3)	12 TYPE II	WHEELING HOSPITAL INC	Yes	
(6)WHEELING HOSPITAL AMBULATORY SURGERY CENTER LLC 68 STATE ROUTE 7 BRIDGEPORT, OH 43912 83-2914078	SURGERY CENTER	OH	501(C)(3)	3	WHEELING HOSPITAL INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) MOUNTAINEER FREEDOM LIMITED 94 SOLARIS AVENUE 2ND FLOOR CAMAN GRAND CAYMAN KY CJ 98-1217988	CAPTIVE INSURANCE	CJ	WHEELING HOSPITAL INC	C	1,410,580	21,195,245	100.000 %	Yes	
(2) MOUNTAINEER FREEDOM PHYSICIAN & HOSPITAL ASSOCIATION INC 1 MEDICAL PARK WHEELING, WV 26003 30-0386759	PHYSICIAN HOSPITAL	WV	WHEELING HOSPITAL INC	C			100.000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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:
Software Version:
EIN: 55-0357057
Name: WHEELING HOSPITAL INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MOUNTAINEER FREEDOM LIMITED	R	5,275,420	ACTUAL AMOUNT PAID
BELMONT COMMUNITY HOSPITAL	S	68,882	ACTUAL AMOUNT PAID
HARRISON COMMUNITY HOSPITAL	M	103,861	ACTUAL AMOUNT PAID
HARRISON COMMUNITY HOSPITAL	Q	2,082,059	ACTUAL AMOUNT PAID
HARRISON COMMUNITY HOSPITAL	L	76,953	ACTUAL AMOUNT PAID
HARRISON COMMUNITY HOSPITAL	O	1,008,994	ACTUAL AMOUNT PAID
WHEELING HOSPITAL AMBULATORY SURGICAL CENTER LLC	R	1,350,000	ACTUAL AMOUNT PAID
MOUNTAINEER FREEDOM LIMITED	F	9,000,000	ACTUAL AMOUNT PAID