	990-T	⊏x	empt Organization Bi				ırn 📙	UIVID ING 1373-000	,
Form	330- 1		(and proxy tax ur	ıder	section 60)33(e))	2171	2018	1
••			ndar year 2018 or other tax year beginnin			nd ending	011	25010	
	ment of the Treasury I Revenue Service		Go to www irs.gov/Form990T for i at enter SSN numbers on this form as it m			_		pen to Public Inspectio 01(c)(3) Organizations	
Δ	Check box if	33.13			e changed and see in		D Employer	r identification numb	ber
<u>^ _</u> В Е	dadress changed xempt under section	1	City_Hospital, Inc		• • • • • • • • • • • • • • • • • • • •	,	(Employee:	s' trust, see instructions)
X	7 .	Daim	Number, street, and room or suite no. If a	P O bo	x, see instructions		5	5-0383321	
	408(e) 220(e)	Print or	2000 Foundation Way, Room 23	10			E Unrelated (See instru	business activity c	ode
	408A 530(a)	Туре	City or town	State	ı	ZIP code	(See instru	Clions)	
	529(a)		Martinsburg	W		25401			
			Foreign country name Fo	oreign p	rovince/state/county F	Foreign postal code			
C Bo	ook value of all assets at	F Grou	ıp exemption number (See instruc	tions)	>	. <u> </u>			,
er	od of year 170,316,805		ck organization type ► X 501			01(c) trust	401(a) trus	t Other tru	ust
Н	Enter the number of t	he organ	ization's unrelated trades or busin	esses				(or first) unrelate	
1	trade or business her	e ► Pa	irking Lots & Garages and of the previous sentence, com	nlete				n one, describe t h additional	he
	trade or business, the			picto	arts rand ii, cor	inpicte a coneda	10 141 101 000	i additional	
ī	During the tax year, wa	s the corp	ooration a subsidiary in an affiliated g	roup c	r a parent-subsidia	ary controlled grou	лр? .	Yes X	No
			ntifying number of the parent corpora	tion▶					
	The books are in care					phone number	<u> </u>	64-1000	
Par 1 a			Business Income	T	(A) Income	(B) E)	penses	(C) Net	
	Less returns and allowa		c Balance ►	1c	0				
2	Cost of goods sold			2					
3	Gross profit Subtra			3	0			0	
4 a				4a					
b	• , , ,	-	rt II, line 17) (attach Form 4797)	4b					<u> </u>
C	Capital loss deducti			4c					-
5 6	Rent income (Sche		r an S corporation (attach statement)	6					
7	Unrelated debt-final		ome (Schedule F)	7					
4 8			from a controlled organization (Schedule F)	8					
9	•		(7), (9), or (17) organization (Schedule G)	9					
9 10	Exploited exempt a			10					ļ
בו ב	Advertising income	•	•	11					
12			ns, attach schedule)	12					
Z ₁₃ Par	Total. Combine line		gn 12 ken Elsewhere (See instruction	13			Except for	contributions	<u> </u>
C) Angu	deductions r	nuct ha	directly connected with the un	rolate	d husiness inc	-	Lxocht ioi	contributions,	
Q 194	Compensation of of	ficers dir	rectors, and trustees (Schedule N		<u> </u>		14		
15	Salaries and wages	, , , , , , , , , , , , , , , , , , ,	RECEIV	/ED			15		
16	Repairs and mainte		ام	-	ଅଧା		16		
17	Bad debts		FEB 0 4	2020	RS-O:		17		
18	Interest (attach sch		ee instructions)		NS I		18		ļ
19	Taxes and licenses	(Cas	e instructions for limitatioவிக்க)N	רנו			19 20		
20 21	Depreciation (attack	n Form 45	562)	, 0	21		20		
22			n Schedule A and elsewhere on re	turn	22a		22b		
23	Depletion						23		
24	Contributions to def	erred cor	npensation plans			•	24		
25	Employee benefit p	•					25		<u> </u>
26	Excess exempt exp						26		<u> </u>
27	Excess readership						27 28		
28 29	Other deductions (a Total deductions .						29	0	
30			ncome before net operating loss d	educt	ion Subtract line	29 from line 13	30	0	
31			s arising in tax years beginning on or				31		
32			ncome Subtract line 31 from line				32	0	
For P	aperwork Reduction	Act Notic	e, see instructions.					Form 990-T (2018)

go. 6

For	n 990	-T (2018)	City Hospital, Inc				55-0	<u> 383321</u>		F	Page 2
Pa	irt l		Total Unrelated Business Taxable I	Income							
33	•	Total of	unrelated business taxable income compa	uted from all unrelated trade	s or b	usinesses (see			•		
			ons)					33		0	,
34			s paid for disallowed fringes					34		0	
35			on for net operating loss arising in tax year								
			ons)			•		35		0	
36			unrelated business taxable income before								
	(of lines	33 and 34					36		0	
37			deduction (Generally \$1, 000, but see line					37		0	
38		•	ed business taxable income. Subtract lin	·	•						
			e smaller of zero or line 36					38		0	
Pai	rt IV		Tax Computation	·							
39		_	ations Taxable as Corporations, Multiply	v line 38 by 21% (0.21)			•	39		0	
40			Taxable at Trust Rates. See instructions for								
				or Schedule D (Form			•	40			
41	-		x. See instructions					41			
42			ve minimum tax (trusts only)					42	· · · · · ·		
43			Noncompliant Facility Income. See instru					43	···· · ·- -		
44			dd lines 41, 42, and 43 to line 39 or 40, wh					44		0	
	rt V		ax and Payments			· · · · · · · · · · · · · · · · · · ·	-				
45			tax credit (corporations attach Form 1118,	trusts attach Form 1116)	45a						
			edits (see instructions)		45b			1			l
			business credit. Attach Form 3800 (see in		45c	 	 	1			
			r prior year minimum tax (attach Form 880		45d			1 1			
			edits. Add lines 45a through 45d					45e		0	
46			line 45e from line 44					46		0	
47	o	ther taxe	s. Check if from: Form 4255 Form 8611	Form 8697 Form 8866				47			
48			. Add lines 46 and 47 (see Instructions)					48		0	· · · · · ·
49			: 965 tax liability paid from Form 965-A or					49			
50			is: A 2017 overpayment credited to 2018.		50a	İ	l .				
			imated tax payments		50b	33,866		1 1			ĺ
			osited with Form 8868		50c						
			organizations: Tax paid or withheld at sour		50d						
		-	withholding (see instructions)		50e						
			r small employer health insurance premiur		50f						
			edits, adjustments, and payments:			Ì					İ
	~		4136 Other	Total ▶	50g	ه ا					1
51	ᄂ		yments. Add lines 50a through 50g				L	51	33	3,866	į
52			d tax penalty (see instructions). Check if F				$\dot{\square}$	52		,,000	
53			If line 51 is less than the total of lines 48,				`.▶	53		0	
54			ment. If line 51 is larger than the total of li			overnald	•	54	33	3,866	
55			amount of line 54 you want. Credited to 2019	·	11100111	Refunded		55		3,866	
	t VI		atements Regarding Certain Activi		tion /					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
									·	Yes	No
56			ne during the 2018 calendar year, did the nancial account (bank, securities, or other)							163	.40
			Form 114, Report of Foreign Bank and Fir								
			rottii 114, Report of Foleigh Bank and Fil	ianciai Accounts. Il res, e	iiilei li	ie name or me ic	n eign	Country	,		
		ere 🕨	e tax year, did the organization receive a distr	ibution from or was it the ara	ntor of	or transferor to	foroi	an truct)	\vdash	
57			e tax year, and the organization receive a distr see instructions for other forms the organi		ווטו טו	, or transieror to, a	a lutei	yıı uusu	• • •	-	
E0			amount of tax-exempt interest received o		ar 🕨	¢					
58	<u> </u>	Unde	penalties of perjury, I declare that I have examined this return	n, including accompanying schedules and	d stateme	ents, and to the best of n	ny knowl	edge and t	elief, it is true.	correct	
O:		and c	omplete Declaration of preparer (other than texpayer) is base	ed on all information of which preparer ha	as any kn	owledge,					
Sig			1 Man	0/60 7/2020 VP of	Finan	a.			RS discuss thi		with
Hei	e.	''	polytro of officer				-	ine prepa	rer shown belins)?	88 T	No
		Sig	nature of officer	Date Title		Data					
Pai	d		Print/Type preparer's name	Preparer's signature		Date	Chec		if PTIN		
		rar		·				mployed	l		
	pai		Firm's name				Firm's	EIN P			
US() O	ıııy	Firm's address				Phone	no.			

	P	age 3	
	0		
to	Yes	No	
•			
cted with th	he incoi edule)	me	
•		0	
or allocabl	е		

55-0383321

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year Inventory at end of year 6 2 **Purchases** 2 Cost of goods sold. Subtract 3 Cost of labor 3 line 6 from line 5 Enter here 7 4 a Additional section 263A costs and in Part I, line 2 (attach schedule) Do the rules of section 263A (with respect 4a **b** Other costs (attach schedule) 4b property produced or acquired for resale) 0 Total. Add lines 1 through 4b 5 apply to the organization? Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly conne (a) From personal property (if the percentage of rent (b) From real and personal property (if the percentage of rent for personal property exceeds in columns 2(a) and 2(b) (a for personal property is more than 10% but not more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total 0 (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E-Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with 2. Gross income from or to debt-financed property allocable to debt-financed 1. Description of debt-financed property (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8 Allocable deductions of or allocable to 7. Gross income reportable acquisition debt on or 4 divided (column 6 × total of columns allocable to debt-financed debt-financed property (column 2 × column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % 0 0 (1) % 0 0 (2) % 0 0 (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (B) Part I, line 7, column (A)

Form 990-T (2018)

Totals

Total dividends-received deductions included in column 8

City Hospital, Inc.

Schedule F-Interest, Ani	nuities, R	oyalties,					aniz	ations (see	e instru	ictions	s)	·
			Exempt Controlled Organizations									
Name of controlled organization				. Net unrelated income loss) (see instructions)				5 Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)							_					
(4)												
Nonexempt Controlled Organiz	ations							_				
7. Taxable Income		Net unrelated in ss) (see instruc				al of specified ments made		10. Part of colu included in the organization's g	controlls	ng c		eductions directly cted with income in column 10
(1)												
(2)												···-
(3)												
(4)												
								Add columns Enter here and Part I, line 8, c	on page	1, Er () P	nter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals						P				0		0
Schedule G—Investment	Income o	f a Sectio	<u>n 501(c</u>				tion	(see instruc	ctions)			
1. Description of income		2. Amount of income		dire	Deductions firectly connected (attach schedule)			4. Set-asides (attach schedule)		5. Total deduc and set-asides (plus col 4		t-asides (col 3
(1)												0
(2)												0
(3)												0
(4)				ļ			<u> </u>					0
Totals		er here and or I, line 9, colu										e and on page 1, e 9, column (B) 0
Schedule I-Exploited Exc	empt Act	ivity Incor	ne, Oth	er Than <i>I</i>	Adv	ertising Inco	me	(see instruc	tions)			. <u>-</u>
Description of exploited activi	ty t	2. Gross unrelated ousiness incom from trade or business	e conn prod ur	expenses lirectly ected with duction of irelated ess income	fro or 2 If	Net income (loss) om unrelated trade business (column minus column 3) r a gain, compute cols 5 through 7	froi	Gross income in activity that not unrelated iness income	attnb	xpenses utable t lumn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				,		0						0
(2)						0						0
(3)		· · ·				0						0
(4)						0						0
Tatala		inter here and o page 1, Part I, line 10, col (A)	page line 1	nere and on e 1, Part I, 0, col (B)		•						Enter here and on page 1, Part II, line 26
Totals Schedule J—Advertising	Incomo /	ann innteriot	0	0				· -				<u> </u>
				Concolid		d Pasis						
Part I Income From P	enodicai	s <u>Reporte</u>	u on a v	Solisoliu	ale		I					
1. Name of periodical		2. Gross advertising income		. Direct tising costs	1	4. Advertising pain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5	Circulation income		adershi costs	Þ	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)]							
(3)												
(4)												
Totals (carry to Part II, line (5))	•		0	0		0		0			0	0
											F	om 990-T (2018)

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City Hospital, Inc

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Page 5

Part II Income From Periodic		on a Senarate	Basis /For each	neriodical lister	d in Part II fil	Lin
columns 2 through 7 on	•	•	Dasis (1 of cach	periodical lister	3 m r art m, m	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	0	0	* * * * * * * * * * * * * * * * * * *			0
Totals, Part II (lines 1-5) . ▶	Enter here and on page 1, Part 1, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Schedule K—Compensation of C	Officers. Direct	ors, and Trus	tees (see instruction	ns)		
1. Name	,		2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				9	%	
(2)				9	%	
(3)	·				/6	
(4)				9	%	
Total. Enter here and on page 1, Part II, line	e 14				>	0

Form **990-T** (2018)