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DLN: 93493320030662

### Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury

	rne 2011 ca	lendar year, or tax year beginning 01-01-2011 and ending	17-31-2011			
neck		C Name of organization	12-31-2011		D Employer id	dentification number
	s if applicable ss change	West Virginia University Hospitals Inc			55-06433	04
	e change	Doing Business As		- I	E Telephone r	
	return	Number and street (as D.O. have for a located by	nn)  D = 0 == 1   1		(304)598	-4410
Termi		Number and street (or P O box if mail is not delivered to street addre PO Box 8034 Accounting and Finance	ss)  Room/suit	re	<b>G</b> Gross receipt	s \$ 657,057,105
	ided return	City or town, state or country, and ZIP + 4 Morgantown, WV 265068034				
		F Name and address of principal officer		H(a) I a the		<b>6</b>
		Bruce McClymonds PresidentCEO		affilia	s a group retu tes?	rn for
		PO Box 8131 Morgantown, WV 26506		11/6)		
		,			affiliates inclu	i <b>ded?</b>
Tax-e	exempt status	▼ 501(c)(3)	527		p exemption n	
Web	osite: ► ww	v wvuh com				
	of organization	✓ Corporation  Trust  Association Other ►	'	<b>L</b> Year of for	mation 1984	<b>M</b> State of legal domicile
						WV
Part		mary escribe the organization's mission or most significant activit				
	region V	spitals exists to provide a quality healthcare system, includ NUH is committed by law and philosophy to be the primary alth Sciences Center	,	,		
	2 Check th	ıs box ▶┌─ ıf the organızatıon dıscontınued ıts operatıons or	disposed of	f more than 2	5% of its net	assets
		of voting members of the governing body (Part VI, line 1a)			з	
		of independent voting members of the governing body (Part V				
	5 Total nu	nber of ındıvıduals employed ın calendar year 2011 (Part V ,	line 2a) .		5	5,7
	6 Total nu	mber of volunteers (estimate if necessary)			6	4
		elated business revenue from Part VIII, column (C), line 12			7a	1,177,5
+	<b>b</b> Net unre	lated business taxable income from Form 990-T, line 34 .	•	1 -	7b	-943,0
	•			Prior	Year	Current Year
		butions and grants (Part VIII, line 1h)			2,752,838 85,626,424	2,774,32
		ment income (Part VIII, column (A), lines 3, 4, and 7d).				1,110,13
1					7.163.6691	
1		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			7,163,669 20,788,543	
1	l <b>1</b> Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, colu	d 11e) mn (A), lıne		20,788,543	28,909,78
1	11 Other 12 Total ( 12) .	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, colu	d 11e) mn (A), line • •		20,788,543	28,909,78 650,850,62
1	Other 12 Total (12). 13 Grants	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column	d 11e) mn (A), line 		20,788,543	28,909,78 650,850,62
1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefi	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1-3) ts paid to or for members (Part IX, column (A), line 4)	d 11e) mn (A), line · · ·	6	20,788,543 16,331,474 2,714,305	28,909,78 650,850,62
1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefit 15 Salario (5-10)	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1-3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column	d 11e) mn (A), line (A), lines	6	20,788,543	28,909,78 650,850,62 2,637,28
1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefit 15 Salaric 5-10) 16a Profes	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) as paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	d 11e) mn (A), line (A), lines	6	20,788,543 16,331,474 2,714,305	28,909,78 650,850,62 2,637,28
1 1 1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefi 15 Salar (5-10) 16a Profes b Total fu	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1-3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	111e) mn (A), line (A), lines	2	20,788,543 16,331,474 2,714,305 39,814,720	28,909,78 650,850,62 2,637,28 251,009,95
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefit 15 Salarit 5-10) 16a Profes b Total fu 17 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	d 11e) mn (A), line (A), lines	2	20,788,543 16,331,474 2,714,305 39,814,720 34,500,056	28,909,78 650,850,62 2,637,28 251,009,95 358,876,44
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefit 15 Salaric 5-10) 16a Profes b Total fu 17 Other 18 Total (18)	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	d 11e) mn (A), line (A), lines	2 3 5	20,788,543 16,331,474 2,714,305 39,814,720 34,500,056 77,029,081	28,909,78 650,850,62 2,637,28 251,009,95 358,876,44 612,523,69
1 1 1 1 1 1 1 1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefit 15 Salaric 5-10) 16a Profes b Total fu 17 Other 18 Total (18)	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	d 11e) mn (A), line (A), lines	2 3 5 Beginning	20,788,543 16,331,474 2,714,305 39,814,720 34,500,056 77,029,081 39,302,393 of Current	28,909,78 650,850,62 2,637,28 251,009,95 358,876,44 612,523,69 38,326,93
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1 1 1 1 1 1 1 1 1 1 1	11 Other 12 Total (12) . 13 Grants 14 Benefi 15 Salaric 5-10) 16a Profes b Total (17 Other 18 Total (19 Reven	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column sional fundraising fees (Part IX, column (A), line 11e)	d 11e) mn (A), line (A), lines , line 25)	3 5 Beginning Yo	20,788,543 16,331,474 2,714,305 39,814,720 34,500,056 77,029,081 39,302,393 of Current ear 00,426,225	28,909,78 650,850,62 2,637,28 251,009,95 358,876,44 612,523,69 38,326,93 End of Year 745,488,40
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Other Total (12). 13 Grants 14 Benefi 15 Salari (5-10) 16a Profes 17 Other 18 Total (14) 19 Reven 20 Total (15) 21 Total (16) 22 Net as 21 Sign 21 Sign 22 Prepare (15) 24 Signature	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and evenue—add lines 8 through 11 (must equal Part VIII, column and similar amounts paid (Part IX, column (A), lines 1–3) is paid to or for members (Part IX, column (A), line 4)	d 11e) mn (A), line (A), lines , line 25) mpanying scl than officer	Beginning Y 7 2 4 hedules and st ) is based on a	20,788,543  16,331,474  2,714,305  39,814,720  34,500,056  77,029,081  39,302,393  of Current ear  00,426,225  98,582,912  01,843,313  atements, and all information  12-10-26 te	28,909,78 650,850,62 2,637,28 251,009,95 358,876,44 612,523,69 38,326,93 End of Year 745,488,40 333,563,89 411,924,51 to the best of my of which preparer has an
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1 01111	990 (2011)						Page
Par		<b>t of Program Serv</b> edule O contains a res					. [~
1	Briefly describe the	e organization's missioi	n				
Equa		ıs committed by law ai		ncluding tertiary service be the primary clinica			
2	Did the organization the prior Form 990			rvices during the year		on . <b>⊢Yes </b>	No
	If "Yes," describe th	nese new services on S	chedule O				
3	services?			t changes in how it con	ducts, any program		No
	If "Yes," describe th	nese changes on Sched	lule O				
4	expenses Section	501(c)(3) and 501(c)(4	4) organızatıons	ents for each of its thre and section 4947 (a)(3 evenue, if any, for each	1) trusts are required t	to report the amou	
4a	(Code	) (Expenses \$	70,095,549	ıncludıng grants of \$	) (Revenu	e \$ 107,189	9,360 )
	both an outpatient and promotion and disease	l inpatient setting Members	of the internal med int physicals for all i	ls provides comprehensive p dicine department provide a new employees, pre-operati isease states	variety of patient care serv	rices including checku	ps for health
	/C-1-	\	44.014.001		) (Revenu	- h CF 24	T 050 \
4b	(Code	) (Expenses \$	44,014,901	including grants of \$	, ,		5,058 )
	care available today I WVUH offers procedure gastrointestinal surgen	innovating technologies, like es for a range of conditions, y, general pediatric, pediatri	minimally invasive such as cardiovasci c urology, and pedia	of- the-art surgical technolog robotic surgery help reduce ular surgery for ischemic, va atric cardiothoracic surgery, I abdominal aorta, surgical d	pain, decrease recovery til lvular, and congenital hear thoracic surgery, surgery fo	me, and improve surg t disease, pacemaker ir injuries that result f	jical outcomes implants,
	(Code	) (Expenses \$	41,965,851	including grants of \$	) (Revenu		3,941 )
<b>-TC</b>	Hematology/Oncology including anemia, leuk	- The Hematology and Onc emia, lymphoma, and bleed	ology Department of ling problems Our o	of WVU Hospitals diagnose a doctors, nurses, and staff of and blood disorders, cancer c	nd treat all adult malignant fer state-of-the-art care in	disorders and disease a personalized and co	es of the blood, ompassionate
	Other program cor	vices (Describe in Scl	hadula C \				
→u	(Expenses \$		cluding grants o	f\$ 2.637.2	84 )(Revenue \$	389,188,022	<u> </u>
4-					/ (		- ,
4e	Total program serv	vice expenses=\$	434,850,82	/			

Part TV	Checklist o	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		N o
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		
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, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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
	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		No
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 $XI$ , $XII$ , and $XIII$	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, XII, and XIII 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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part 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	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		No
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 hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part $IV$ .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Ċ.	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a	271		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	$\stackrel{\smile}{\longrightarrow}$		
C	gaming (gambling) winnings to prize winners?	1c	Yes	
ı	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	726		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	720		
_		2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
h	year?	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	1	
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	├──	No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	·		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
_	11 105 to fine 54 of 55, and the organization metrorin 0000-17	5c	<u>L</u>	L
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?	, <u></u>	<u> </u>	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or g were not tax deductible?	ifts 6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an	id <b>7a</b>		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	•		
	,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
F	contract?	<u> </u>	-	No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		<del>                                     </del>	140
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			
	Form 1098-C?	7h	<del>                                     </del>	
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	<sup>1</sup>		
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	<u>L</u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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  Continue FOX( a) (4.2) annovirations Foxon			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	—		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
_	,	7.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," onter the amount of tax-exempt interest received or asserted during the	12a	<del>                                     </del>	
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organiza	tion		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans  Enterthe aggregate amount of recognics on hand			
С	Enter the aggregate amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 730 to report these nayments? If "No " provide an explanation in Schedule O	14h	<del>                                     </del>	

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 to any question in this Part VI										. [~	
---	--	--	--	--	--	--	--	--	--	------	--

Se	ction 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						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	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							
	ection B. Policies (This Section B requests information about policies not required by the Internal						
<u>ке</u>	venue Code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	1 63	No			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110			
	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 the Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	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?		1:				
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
ь	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					
	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						

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

Own website Another's website V Upon request

- 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. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Mary Jo Shahan CFO

PO Box 8059

Morgantown, WV 26506 (304) 598-4554

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth )		(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Bruce McClymonds CEO	52 00	х		х				1,003,840	0	118,428
(2) Mary Jo Shanan CFO/VP Finance	50 00			Х				323,916	0	20,086
(3) Richard King VP Information Technology	35 00			Х				183,271	78,545	34,526
(4) Robert Brandfass VP Legal Services	45 00			Х				47,462	11,865	2,539
(5) Stephen Tancın VP Ancıllary Services	48 00			х				264,295	0	30,580
(6) Gary Murdock VP Planning/Marketing	50 00			х				275,567	0	37,805
(7) Melanie Davies VP of Corporate Compliance	25 00			х				О	147,845	10,640
(8) Dorothy Oakes VP Nursing Services	49 00			х				274,270	0	31,026
(9) Charlotte Bennett VP Human Resources	47 00			х				268,674	0	36,805
(10) James P Clements PhD Chairman	1 00	х		х				0	0	0
(11) Dan Bazzolı Employee Rep/House Supervisor	42 00	х						80,333	0	1,665
(12) Christopher Colenda MD Director	1 00	х						0	0	0
(13) Michael Hurst MD Director	1 00	х						0	287,792	32,377
(14) Bruce Sparks Director	1 00	х						0	0	0
(15) Tom Heywood Director	1 00	х						0	0	0
(16) Narvel Weese Director	1 00	х						0	0	0
(17) Art Ross MD Director	1 00	х						0	0	0

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

Director   1 00	(D) Reportable compensation from the organization (W- 2/1099-MISC)  (E) Reportable compensation from related organizations from the compensation from the organizations (W- 2/1099-  (F) Estimated amount of other compensation from the organization and	Reportable compensation from the organization (W-	(B) A verage hours per week (describe  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(A) Name and Title	
Director   100	organizations	Former Highest compensat		Key employee	Officei	Institutional Trustee	Individual trustee or director	for related organizations in Schedule			
Treasurer	0 0 0	0						Х	1 00		
(20) J David Laurie         1 00         X         X         0         C           (21) Walter Washington Director         1 00         X         0         0         C           (22) Robert Walker MD Director         1 00         X         0         0         C           (23) Cleo Mathews Director         1 00         X         0         0         C           (24) Diane Lewis Director         1 00         X         0         0         C           (25) Georgia Narsavage PhD Director         1 00         X         X         0         0           (26) Taylor Troischt Physician         40 00         X         244,112         C           (27) Thomas McNeely Physician         40 00         X         176,820         C           (28) Christine Vaglienti Associate Litigation Counsel         40 00         X         184,528         C           (29) Carol Woodward Game Pharmacy Director         40 00         X         175,194         C	0 0 0	0				х		Х	1 00		
Secretary	0 0 0	0				x		X	1 00	(20) J David Laurie	
Director	0 0 0	0							1.00		
Director   1 00											
Director   1 00	0 0	0						Х	1 00	Director	
Director   1 00	0 0	0						x	1 00		
(25) Georgia Narsavage PhD Director         1 00         X         X         0         0           (26) Taylor Troischt Physician         40 00         X         244,112         0           (27) Thomas McNeely Physician         40 00         X         176,820         0           (28) Christine Vaglienti Associate Litigation Counsel         40 00         X         184,528         0           (29) Carol Woodward Game Pharmacy Director         40 00         X         175,194         0	0 0 0	0						Х	1 00		
(26) Taylor Troischt       40 00       X       244,112       C         (27) Thomas McNeely       40 00       X       176,820       C         (28) Christine Vaglienti       40 00       X       184,528       C         Associate Litigation Counsel       40 00       X       175,194       C         (29) Carol Woodward Game Pharmacy Director       40 00       X       175,194       C	0 0 0	0				х		Х	1 00	(25) Georgia Narsavage PhD	
(27) Thomas McNeely         40 00         X         176,820         C           (28) Christine Vaglienti         40 00         X         184,528         C           Associate Litigation Counsel         40 00         X         175,194         C           (29) Carol Woodward Game Pharmacy Director         40 00         X         175,194         C	244,112 0 21,014	244,112		х					40 00	(26) Taylor Troischt	
(28) Christine Vaglienti     40 00     X     184,528     C       Associate Litigation Counsel     40 00     X     175,194     C       Pharmacy Director     40 00     X     175,194     C	176,820 0 19,296	176,820		х					40 00	(27) Thomas McNeely	
Associate Litigation Counsel  (29) Carol Woodward Game Pharmacy Director  40 00  X 175,194	184,528 0 22,194	184 528		×					40.00	(28) Christine Vaglienti	
Pharmacy Director X 175,194		·									
(20) Doud Elunn	175,194 0 23,404	175,194		×					40 00	Pharmacy Director	
Pharmacy Director 40 00 X 175,670 C	175,670 0 22,582	175,670		х					40 00	(30) David Flynn Pharmacy Director	
1b Sub-Total	•		•							1b Sub-Total	
c Total from continuation sheets to Part VII, Section A			<b>•</b>					ion A	o Part VII, Sect	c Total from continuation sheets to	
d Total (add lines 1b and 1c)	<b>526,047 526,047 464,967</b>	3,677,952	•							d Total (add lines 1b and 1c)	

Total number of individuals (including but not limited to those listed above) who received more that \$100,000 of reportable compensation from the organization 146

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "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		V	
		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 I for such person $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$ .	5		No

#### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WVU Medical Corp PO Box 740 Morgantown, WV 26505	Medical Services	2,392,703
The Chartis Group 20 Bow Street Cohasset, MA 02025	Consulting	1,002,105
Wilson Frame Benninger and Metheny 151 Walnut Street Morgantown, WV 26505	Legal Fees	1,325,000
Associated Regional University Labs PO Box 27964 Salt Lake City, UT 84127	Laboratory Fees	891,176
Simplexgrinnell LP 50 Technology Drive Westminster, MA 01441	Fire Alarm Maintenance Service	986,383
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►32

Form 99		Statement o	of Dovonus					Page <b>9</b>
Part	<b>,,,,</b>	Statement	n Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$ #	1a	Federated cam	paigns 1a	1,212				
g ja	b	Membership du	ies <b>1b</b>					
ું. ⊞	С	Fundraising ev	ents <b>1c</b>					
<u>≅</u> ,⊒	d		zations 1d					
π. Si E	e	Government grant		78,893	ļ			
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ibutions included in	2,694,219				
and	h	lines 1a-1f \$ _ <b>Total.</b> Add lines	s 1a-1f	▶	2,774,324			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Patient Service Re	venue	900099	616,237,719	616,237,719		
æ	Ь	Family House		900099	162,387	162,387		
93	С	Tuition		900099	1,004,140	1,004,140		
Zer.	d	Archiving MRI PET	Scans	900099	340,339	340,339		
Ē	e	Medical Command	Center	900099	182,051	182,051		
22	f	All other progra	am service revenue		129,745	129,745		
ΔŤ	g	Total. Add lines	s 2a-2f		618,056,381			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	6,501,601			6,501,601
	4		stment of tax-exempt bond		48,097			48,097
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	1,044,535	(II) Personal				
	b	Less rental	766,915					
	c	expenses Rental income	277,620					
		or (loss)	me or (loss)	<b>b</b> -	277,620			277,620
	d	Net rental inco	(i) Securities	(II) Other	277,020			277,020
	7a	Gross amount from sales of assets other	(i) Securities	(ii) o thei				
	ь	than inventory Less cost or other basis and sales expenses		5,439,561				
	С	Gain or (loss)		-5,439,561				
	d		ss)		-5,439,561			-5,439,561
Other Revenue	8a	events (not inc \$ of contributions	rom fundraising luding  s reported on line 1c) ne 18					
h e	b	Less direct ex	penses b					
ŏ	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С	Net income or	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> (loss) from sales of inv	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	UML Lab Fees		621500	1,177,537		1,177,537	
	ь	O utpatient Pha	ırmacy	900099	13,571,993			13,571,993
	С	Cafeteria		900099	5,441,245			5,441,245
	d	All other reven	ue		8,441,392			8,441,392
	е	Total. Add lines			28,632,167			
	12	Total revenue.	See Instructions .	· · •	650,850,629	618,056,381	1,177,537	28,842,387
							F	Form <b>990</b> (2011)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,637,284	2,637,284		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,182,707		3,182,707	_
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	198,547,128	164,513,892	33,771,661	261,575
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,788,794	, ,		201,373
9	Other employee benefits	27,673,535		4,800,106	73,614
10	Payroll taxes	15,817,794	12,920,173	2,897,621	. 5,521
11	Fees for services (non-employees)	, ,	, ,	, ,	
 a	Management	963,228	963,228		
ь	Legal	593,298	,	593,298	
c	Accounting	153,520		153,520	
d	Lobbying	83,061		83,061	
e	Professional fundraising See Part IV, line 17	,			_
f	Investment management fees	3,381,588		3,381,588	
g	Other	72,599,412	12,611,652	59,979,560	8,200
12	Advertising and promotion	906,574	14,488	766,555	125,531
13	Office expenses	153,423,076	145,024,278	8,309,456	89,342
14	Information technology	1,027,733	517,811	509,818	104
15	Royalties	0			
16	Occupancy	6,266,370	258,978	6,007,392	
17	Travel	1,039,748	429,454	583,172	27,122
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,490			4,490
20	Interest	10,024,804		10,024,804	
21	Payments to affiliates	8,576,472		8,576,472	
22	Depreciation, depletion, and amortization	38,876,563	16,959,456	21,917,107	
23	Insurance	3,736,568	1,148,426	2,586,008	2,134
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Provision for Doubtful Accounts	35,675,688	35,675,688		
b	Association Dues	1,099,770	144,496	686,131	269,143
c	Educational Training	624,800	521,321	103,479	
d	Taxes, Licenses Fees	17,309,003	12,154,245	5,154,758	
е					
f	All other expenses	2,510,683	827,782	1,496,293	186,608
25	<b>Total functional expenses.</b> Add lines 1 through 24f	612,523,691	434,850,827	176,625,001	1,047,863
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				2,600	1	3,800
	2	Savings and temporary cash investments $\ . \ . \ . \ . \ . \ .$				16,700,627	2	2,939,081
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				91,522,451	4	102,736,736
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	er er	nployees, and			
		Schedule L					5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4	958(f)(1)) and			
76		Schedule L					6	
Assets	7	Notes and loans receivable, net					7	
SS	8	Inventories for sale or use				13,610,306	8	12,839,144
⋖	9	Prepaid expenses and deferred charges				9,585,115	9	9,350,590
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a		526,242,973			
	b	Less accumulated depreciation	10b		312,376,356	222,179,503	<b>10</b> c	213,866,617
	11	Investments—publicly traded securities				194,161,333	11	254,271,875
	12	Investments—other securities See Part IV, line 11				132,266,000	12	126,477,000
	13	Investments—program-related See Part IV, line 11				2,077,273	13	2,321,136
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				18,321,017	15	20,682,429
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .				700,426,225	16	745,488,408
	17	Accounts payable and accrued expenses .				64,893,568	17	74,767,040
	18	Grants payable					18	
	19	Deferred revenue				650,047	19	654,372
	20	Tax-exempt bond liabilities				197,612,022	20	217,319,513
10	21	Escrow or custodial account liability Complete Part IV of Schedu	le D				21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
abi		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties	s .				23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai				35,427,275	25	40 822 072
	26	D				· · · · · ·	25	40,822,972
	26	Total liabilities. Add lines 17 through 25				298,582,912	26	333,563,897
Balances		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	plete I	line	es 27			
lar	27	Unrestricted net assets				395,415,536		405,496,734
8	28	Temporarily restricted net assets				5,939,116	28	5,939,116
Fund	29	Permanently restricted net assets				488,661	29	488,661
Ŧ		Organizations that do not follow SFAS 117, check here ► a	nd con	npl	ete			
5		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		•			31	
	32	Retained earnings, endowment, accumulated income, or other for	unds				32	
Net	33	Total net assets or fund balances				401,843,313		411,924,511
	34	Total liabilities and net assets/fund balances				700,426,225	34	745,488,408

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		650,8	350,62
2	Total expenses (must equal Part IX, column (A), line 25)	2			523,69
3	Revenue less expenses Subtract line 2 from line 1	3		38,3	326,93
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		401,8	343,31
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-28,2	245,74
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		411,9	24,51
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separated basis	ssued			
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?	2	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

#### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

West Virginia University Hospitals Inc 55-0643304 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

	Support Schedule (Complete only if yo						
	under Part III. If the						
S	ection A. Public Support	<b>g</b>			дологи, р		
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 201	11 <b>(f)</b> Total
1	in) Gifts, grants, contributions, and		+ ` ′	+ ` '	' '	` '	
1	membership fees received (Do not	.					
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	P					
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o line 1 that exceeds 2% of the	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	n					
	line 4 ection B. Total Support						
	endar year (or fiscal year beginning	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 201	1 (6) Tabal
	ın)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 201	1 (f) Total
7	A mounts 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 (Explain in Part						
	IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12	
13	First Five Years If the Form 990 is	for the organizat	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3)	
	check this box and <b>stop here</b>						<b>►</b> □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15	
16a	<b>33 1/3% support test—2011.</b> If the				line 14 is 33 1/3%	∕or more, o	
h	and <b>stop here.</b> The organization qu <b>33 1/3% support test—2010.</b> If the				6a and line 15 ic	33 1/20% or	more check this
b	box and <b>stop here.</b> The organization				oa, and fine 13 is	33 1/370 UI	Iniore, check this
17a	10%-facts-and-circumstances test	<b>—2011.</b> If the org	anızatıon dıd not	check a box on lı			4
	is 10% or more, and if the organiza						
	in Part IV how the organization me organization	ets the "facts and	a circumstances"	test The organiz	zation qualifies as	a publicly s	supported <b>F</b>
b	10%-facts-and-circumstances test	<b>—2010.</b> If the ord	anızatıon dıd not	check a box on li	ne 13, 16a. 16b.	or 17a and	•
	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and circi	ımstances" test,	check this box ar	nd <b>stop here</b>	<b>:</b> .
	Explain in Part IV how the organiza	ation meets the "i	acts and circums	tances" test The	e organızatıon qua	ılıfıes as a p	
18	supported organization  Private Foundation If the organization	tion did not check	a box on line 13	. 16a. 16b. 17a o	or 17b, check this	box and se	<b>▶</b> □
	instructions	a.a not eneer		,,	, chock tills	35 unu 50	ັ

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage

L <b>5</b>	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
<b>L6</b>	Public support percentage from 2010 Schedule A, Part III, line 15	16	
_			

<b>17</b> Inve	stment income	percentage for	<b>2011</b> (line	10c column (	(f) divided by	line 13 co	lumn (f))
----------------	---------------	----------------	-------------------	--------------	----------------	------------	-----------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

19a 33 1/3% support tests—2011. 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 **⊳**[

33 1/3% support tests-2010. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Software ID: 11000218
Software Version: 2011.0.0

**EIN:** 55-0643304

Name: West Virginia University Hospitals Inc

#### Form 990, Special Condition Description:

#### **Special Condition Description**

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

(A) Name and Title	(B) A verage hours	Pos		<b>C)</b> (che	ck a			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustaa or diiector	Institutional Trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)		
Bruce McClymonds CEO	52 00	х		х				1,003,840	0	118,428	
Mary Jo Shanan CFO/VP Finance	50 00			х				323,916	0	20,086	
Richard King VP Information Technology	35 00			х				183,271	78,545	34,526	
Robert Brandfass VP Legal Services	45 00			х				47,462	11,865	2,539	
Stephen Tancın VP Ancıllary Services	48 00			х				264,295	0	30,580	
Gary Murdock VP Planning/Marketing	50 00			×				275,567	0	37,805	
Melanie Davies VP of Corporate Compliance	25 00			х				0	147,845	10,640	
Dorothy Oakes VP Nursing Services	49 00			х				274,270	0	31,026	
Charlotte Bennett VP Human Resources	47 00			х				268,674	0	36,805	
James P Clements PhD Chairman	1 00	Х		х				0	0	0	
Dan Bazzolı Employee Rep/House Supervisor	42 00	Х						80,333	0	1,665	
Christopher Colenda MD Director	1 00	Х						0	0	0	
Michael Hurst MD Director	1 00	Х						0	287,792	32,377	
Bruce Sparks Director	1 00	Х						0	0	0	
Tom Heywood Director	1 00	Х						0	0	0	
Narvel Weese Director	1 00	Х						0	0	0	
Art Ross MD Director	1 00	Х						0	0	0	
Julie Smith MD Director	1 00	Х						0	0	0	
Bill Stone Treasurer	1 00	Х		х				0	0	0	
J David Laurie Secretary	1 00	Х		×				0	0	0	
Walter Washington Director	1 00	Х						0	0	0	
Robert Walker MD Director	1 00	Х						0	0	0	
Cleo Mathews Director	1 00	Х						0	0	0	
Diane Lewis Director	1 00	Х						0	0	0	
Georgia Narsavage PhD Director	1 00	х		х				0	0	0	

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

<b>(A)</b> Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Taylor Troischt Physician	40 00					Х		244,112	0	21,014	
Thomas McNeely Physician	40 00					х		176,820	0	19,296	
Christine Vaglienti Associate Litigation Counsel	40 00					х		184,528	0	22,194	
Carol Woodward Game Pharmacy Director	40 00					х		175,194	0	23,404	
David Flynn Pharmacy Director	40 00					х		175,670	0	22,582	

DLN: 93493320030662

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

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

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

Name	of the	e organı:	zatıon	
West \	/irginia l	Jniversity	Hospitals	Ι

Employer identification number

☐ Yes

┌ Yes

55-0643304

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

art I-B	Complete	<u>if the org</u>	ganization i	s exemp	<u>t under</u>	section	501(	c)(3	<u>3).</u>

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- 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?
- Was a correction made?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia 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 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 \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    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.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b 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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
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: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
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:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0								
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
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:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f	:						
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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  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 1ffrom 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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$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 1ffrom 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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	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?	Yes		1,63
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV	Yes		81,42
j	Total lines 1c through 1i			83,06
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		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	$\mathbf{t}$ III-A. Complete if the organization is exempt under section $501(c)(4)$ , section	n 501(c	1(5). 0	r section

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

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

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

_	1	_	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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

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

Identifier	Return Reference	Explanation
II-B	1 g	The President CEO of WVU Hospitals, as part of his duties, monitors legislation that may potentially affect WVUH and voices his support or concerns regarding that legislation to legislators either in person, by phone, or by mail It is estimated that during 2011 the CEO spent 6 hours of time lobbying
II-B	11	Per estimates provided by the American Hospital Association, 24 6 of the 2011 dues were to allocated to lobbying expense this totals 16,574 The WV Hospital Association estimates that during 2011, 14 83 of the dues paid should be allocated to lobbying expense this total is 34,748 Fees paid to a public relations company during 2011 that should be allocated to lobbying totaled 30,100

DLN: 93493320030662

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Name of the organization

Employer identification number

We	t Virginia University Hospitals Inc		FF 0643304	
Pa	rt I Organizations Maintaining Donor Ad		Funds or Accounts. Complete	ıf the
	organization answered "Yes" to Form 99		T	
_		(a) Donor advised funds	(b) Funds and other accounts	5
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	<del>-</del>	onor advised <b>Yes</b> [	- No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		any other purpose	- No
Pa	t II Conservation Easements. Complete	ıf the organization answered "Yes"	' to Form 990, Part IV, line 7.	
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure)  Preservation of a Preservation of a	an historically importantly land area a certified historic structure rm of a conservation	
	easement on the last day of the tax year			
			Held at the End of the Ye	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or termina	ated by the organization during	
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, ha		- No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ements during the year ►	
7	Amount of expenses incurred in monitoring, inspectin			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection <b>Yes</b> [	_ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financ		
Par	Complete if the organization answered "	ns of Art, Historical Treasures	s, or Other Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stater for public exhibition, education or resea	arch in furtherance of public service,	
Ь	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>⊳</b> -\$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		· -	
a	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	eas	ures, or O	the	<u>r Similar Ass</u>	ets (c	ontınued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing t	hat a	re a significa	ant u	se of its collection	on	
а	Public exhibition		d	Γ	Loan o	rex	change progr	rams			
Ь	Scholarly research		e	Γ	Other						
<b>c</b>	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	/ furthe	r the	organızatıor	ı's ex	kempt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	tions	or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving ta	able		Г		A		
_	<b>D</b>						-	4 -	Amo	ount	
_	Beginning balance						-	1c 1d			
	Additions during the year						-				
	Distributions during the year						-	1e			
	Ending balance		_				L	1f	<u> </u>		_
	Did the organization include an amount on Fo		e 21?						1	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 11						
Par	Endowment Funds. Complete	f the organization (a)Current Year		)Prior \			Form 990, wo Years Back			<b>(a)</b> Four V	'ears Back
1a	Beginning of year balance	(a)Cullent real	(D	<b>J</b> FIIOI	i cai	(0)	WO TEATS DACK	(u)	Tillee Teals back	(e)i oui i	ears back
	Contributions							+			
	Investment earnings or losses							+			
	Grants or scholarships										
e	Other expenditures for facilities and programs										
	Administrative expenses							+	+		
	•							+			
_	End of year balance										
	Provide the estimated percentage of the yea	r end balance held a	as								
	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
	Term endowment ►										
	Are there endowment funds not in the posse: organization by	ssion of the organiza	ation	that a	re held	and	administere	d for	the	Yes	No
	(i) unrelated organizations								3a(i)		100
	(ii) related organizations								3a(ii		<del>                                     </del>
	If "Yes" to 3a(II), are the related organization							٠.	3b	1	†
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	nds						
Part	<b>VI</b> Land, Buildings, and Equipme	<b>nt.</b> See Form 99	0, Pa	rt X	, lıne 1	0.					
	Description of property				Cost or o		( <b>b)</b> Cost or ot basis (other		(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
<b>1a</b> La	and						1,063	,073			1,063,073
	uildings						165,343		78,668,862	8	36,674,314
	easehold improvements						2,773		605,334		2,168,356
	quipment						272,057		167,753,475	10	04,303,652
	ther						85,005		65,348,685		19,657,222
	Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colur	nn (B	), line	10(c).)				►		13,866,617
	(	, ,	(-)	,	1-1-/		·	-	Schedule D		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of enu-or-year market value
(1)Financial derivatives		
(2) Closely-held equity interests		
(3)Other (A) Alternative Investments	126,477,000	
(A) Alternative Investments	120,177,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) 🕒 🕨	126,477,000	
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		(h) Daalawalua
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		<u> </u>
1 (a) Description of Liability	(b) A mount	
	(D) Amount	
Federal Income Taxes		
Self Insured Liability	24,181,663	
Deferred Compensation Plan	967,671	
Derivative Financial Instruments	14,746,206	
Due to Related Organizations - Current	834,203	
Due to Related Organizations - Accrued	93,229	
Due to Related Organizations - Accided	93,229	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	40,822,972	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	650,850,629
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	612,523,691
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	38,326,938
4	Net unrealized gains (losses) on investments	4	-21,816,191
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,429,549
9	Total adjustments (net) Add lines 4 - 8	9	-28,245,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,081,198
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	664,206,911
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	17,321,118
3	Subtract line <b>2e</b> from line <b>1</b>	3	646,885,793
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,381,588		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	3,964,836
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	650,850,629
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	615,831,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	6,689,562
3	Subtract line <b>2e</b> from line <b>1</b>	3	609,142,103
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,381,588		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	3,381,588
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	612,523,691

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
X	2	The annual audit and financial statements of WVUH are prepared on a consolidated basis as a member of the WV United Health System The System accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met There were no tax uncertainties that met the recognition threshold in 2011
XI	8	The amount reported on Line 8 consists of 1,278,487 related organziation transfers and 7,708,036 obligation to the West Virginia University School of Medicine under the Joint Operating Agreement discussed on Schedule O
XII	2 d	The amount reported on line 2d consists of 766,915 expenses related to rental income that had to be reclassified to the Revenue section of the 990 for presentation purposes, and 1,212 of revenue from a federated campaign that is posted as an offset in an expense account,
XII	2 d	reimbursement from WVU Foundation for renovation and improvement expense reported as contribution revenue of 6,771, Loss on refinancing of debt not included as revenue on the 990 562,230 and a rounding adjustment of 2 due to financial statements being presented with truncated numbers
XII	4 b	The amount reported on line 4b consists of Contributions received totaling 583,248 that were posted to the balance sheet as donated capital
XIII	2 d	The amount reported on line 2d consists of Unrealized gains 5,923,863 and 1,212 reported on the financial statements in expenses and reclassified to income for Form 990 presentation, and 766,915 expenses related to rental income that had to be reclassified to the Revenue section of the 990 for presentation purposes and 4 rounding adjustment

### OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization West Virginia University Hospitals Inc **Employer identification number** 

						0643304			
Ρ	art I Charity Care and	Certain O	ther Comr	nunity Benefits at	t Cost			1	
4 -	Did the organization have a c	harity care no	alicy2 If "No	" skip to dijestion 65		Г		Yes	No
1a b							1a	Yes	
2	If the organization had multip				describes application of	of the charity	1b	Yes	
_	care policy to the various hos		mulcate winc		describes application of	of the charity			
	Applied uniformly to all ho			Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based or organization's patients during			y criteria that applies	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					are?	3a	Yes	
		<b>▽</b> 20	00% <b>Г</b>	Other	<u>%</u>		<u> </u>	103	
b	Did the organization use FPG	to determine	eligibility for	providing <i>discounted</i> o	are? If				
	"Yes," indicate which of the fo	ollowing is the	e family incor	ne limit for eligibility fo	r discounted care .		3b		No
	□ 200%  □ 250%	T 30	00% <b>Г</b>	350% <b>Г</b> 40	0% <b>Г</b> Other_	%			
					_				
С	If the organization did not use determining eligibility for free test or other threshold, regare	ordiscounte	d care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy		•				4	Yes	
5a	Did the organization budget a the tax year?	mounts for fre			=	7	5a	Yes	
ь	If "Yes," did the organization	's charity car	e expenses e	xceed the budgeted ar	mount?			Yes	
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c	1 2 3	No
6a							6a	Yes	110
6b	If "Yes," did the organization	make it avail	able to the p	ublic?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain O	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested	(a) Number of activities or	(b) Persons served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefıt	(f) Pero	
	<b>Government Programs</b>	programs (optional)	(optional)						
а	Charity care at cost (from Worksheet 1)		10,325	15,896,693		15,896	6,693	2	760 %
b	Medicaid (from Worksheet 3, column a)		110,172	155,297,099	132,229,019	23,068	8,080	4	000 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)			2,358,293	2,244,863	11:	3,430	0	020 %
d	<b>Total</b> Charity Care and Means-Tested Government		120,497						
	Programs		120,497	173,552,085	134,473,882	39,078	0,203	Ö	780 %
е	Community health improvement services and community benefit operations (from			222.475	40.450				0.4.0.04
f	(Worksheet 4) Health professions education			228,176	12,150	210	6,026	0	040 %
	(from Worksheet 5) Subsidized health services			25,735,454	11,417,647	14,31	7,807	2	480 %
g h	(from Worksheet 6) Research (from Worksheet 7)								
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			3,435,368		3,43	5,368	0	600 %
j	<b>Total</b> Other Benefits			29,398,998	11,429,797	17,969	_		120 %
k	Total. Add lines 7d and 7j		120,497	202,951,083	145,903,679	57,04	7,404	9	900 %

Pa	community Building	ng Activitie	<b>s</b> Complete t	this table if the o	rganızat	on co	nducte	d any commun	nity b		g
	detivities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offs revenue	-	(e) Net communit building expense		<b>(f)</b> Pero total ex	
1	Physical improvements and housing			5,10	57			5,	,167		
2	Economic development										
3	Community support			11,90	05			11,	,905		
4	Environmental improvements										
5	Leadership development and training for community members										
	Coalition building										
7	Community health improvement advocacy			26,00	00			26,	,000		
8	Workforce development			2,84	15			2,	,845		
9	Other			1,24			6,800		,560		
	Total  t IIII Bad Debt, Medicar	·e, & Collec	tion Practic	47,1! <b>es</b>	o/		6,800	40,	,357		
ect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report backstatement No 15?	•	e ın accordance	e with Heathcare Fi	nancıal M	anager	ment As	sociation	1	Yes	140
2	Enter the amount of the organ	ızatıon's bad d	ebt expense .			2		13,656,653			
3	Enter the estimated amount of patients eligible under the org	-		•		3		1,013,325			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portio	the footnote to ing methodolog	the organization	on's financial state rmining the amount	ments tha						
ect	ion B. Medicare	ii oi bad debt t	iniounits as con	initiality beliefic							
5	Enter total revenue received fi	rom Medicare	(ıncludına DSH	and IME)		5		167,480,478			
5	Enter Medicare allowable cost					⊢∸⊣		172,984,417			
7	Subtract line 6 from line 5 Th					7		-5,503,939			
3	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes  Cost accounting system	osting method the method us	ology or source	e used to determine							
oct	ion C. Collection Practices	,	ist to charge ra	tio į	Other						
ecc 9a	Did the organization have a wr	utten debt coll	ection policy di	uring the tax year?		_			9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part	s collection po ection practice	licy that applied es to be followed	d to the largest nur d for patients who a	nber of its ire known	patier to qua	lify for fi	nancial	9a 9b	res	No
Pai	t IV Management Com	panies and	Joint Ventu	ires (see instruc	tions)						
	(a) Name of entity	(t	Description of practivity of entity		(c) Organi profit % o ownersh	r stock	en	Officers, directors, trustees, or key ployees' profit % stock ownership%	pro	e) Physic ofit % or ownershi	stock
							1				
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Part	V Facility Information									
	on A. Hospital Facilities	Licensed	Gener	Childre	Teach	Critica	Resea	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	sed hospital	General medical &	Children's hospital	Teaching hospital	d acces	Research facility	hours	her	
How m the tax	nany hospital facilities did the organization operate during x year? <b>1</b>	pital	cal & surgical	spital	pital	Ortical access hospital	lity			
Name	and address									
Name	and address									Other (Base ha)
	T	<del>                                     </del>								Other (Describe)
1	West Virginia University Hospitals 1 Medical Center Drive Morgantown, WV 26506	x	×	×	×			×		
		<u> </u>								
		<u> </u>						-		
		1								
-		1								
		_								
	1	1	I	1	1	1	l	l	l	1

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

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

Chestnut Ridge Center

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	1

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	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 health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8		8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			
	If "No," explain in Part VI the criteria the hospital facility used			

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a The policy was posted at all times on the hospital facility's web site			
	<b>b</b> The policy was attached to all billing invoices			
	${f c}$ ${f igcap}$ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e $\Gamma$ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g / Other (describe in Part VI)			
	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14		
13	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FA <u>P</u>			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d  Body attachments or arrests			
	e C Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before	16		
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	10		
	Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)	1		

#### Part V Facility Information (continued)

				7
Policy	Relating	to Emergency	/ Medical Care	

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate why			
	a The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Cother (describe in Part VI)			
Ind	lividuals Eligible for Financial Assistance			
19	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			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
	<b>b</b> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
	c   The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
	d Cother (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?			
		21		
	If "Yes," explain in Part VI			

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

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

Cheat Lake Physicians

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	2

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a $\Gamma$ A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	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 health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
_	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
7	i Other (describe in Part VI)  Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy	]		
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care% If "No," explain in Part VI the criteria the hospital facility used			
	Schadula	U /Ec=	m 000'	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a The policy was posted at all times on the hospital facility's web site			
	<b>b</b> The policy was attached to all billing invoices			
	c The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g T Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	١		
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14		
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c  Liens on residences			
	d  Body attachments or arrests			
	e  Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	<b>d</b> Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)			

#### Part V Facility Information (continued)

Policy	Relating	to Emerger	rcy Medical Care	

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate why			
	a The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> The hospital facility's policy was not in writing			
	c			
	d  Other (describe in Part VI)			
Inc	lividuals Eligible for Financial Assistance			
19	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			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
	<b>b</b> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
	c   The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
	d			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?			
		21		
	If "Yes," explain in Part VI			

Page **7** 

Dort V	Eacility	Information	(continued)
	racility	information	(conunuea)

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

ne and address	Type of Facility (Describe
Chestnut Ridge Center 930 Chestnut Ridge Road Morgantown, WV 26505	0
Cheat Lake Physicians 608 Cheat Road Morgantown, WV 26508	Behavioral Health Facility

Schedule H (Form 990) 2011

## Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1<sub>1</sub>, 3, 4, 5c, 6<sub>1</sub>, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 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
- 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.)
- 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

Identifier	ReturnReference	Explanation
Part I line 3c		WVU Hospital WVUH uses 200 Federal Poverty Guideline FPG to determine free care eligibilty However, WVUH does not offer discounted care to individuals who fail the 200 FPG test

Identifier	ReturnReference	Explanation
Part I line 6a		WVUH posts a summary of monies spent on community health improvements on our website at www wvuhealthcare com under WVU Hospitals information on the About WVU Healthcare page

Identifier	ReturnReference	Explanation
Part I line 7		Total community benefit expense for 2011 is 202,951,083 and is 35 18 of total net expenses. To calculate net expense, bad debt of 35,675,688 was deducted from total expenses of 612,523,691 as shown in Part IX line 25 of the core Form 990, for a net expense of 576,848,003

Identifier	ReturnReference	Explanation
Part I line 7		Part I, LIne 7 - Worksheet 2 from the IRS Schedule H Instructions was used to derive the Cost-to-Charge ratio, which was used to calculate Charity Care, Unreimbursed Medicaid and other means-tested government programs at cost To calculate the Medicare allowable cost shown in Part III question 8 we used the allowable costs from the Medicare Cost report

Identifier	ReturnReference	Explanation
Part II		Physical improvements and housing - WVUH employees spend a weekday afternoon - on work time - volunteering at a social service agency to do repairs and maintenance on homes for residents of Monongalia County

Identifier	ReturnReference	Explanation
Part II		Community Support - WVUH participates in the Brain Under Construction Zone program, which is a program that helps ensure that all children are ready physically, mentally, developmentally, emotionally and socially for kindergarten. The director of our risk management and safety department participates in the following activities related to disaster preparedness above and beyond what is required by the WVHA WV Hospital Association Region 6/7 Healthcare Threat Preparedness Coordinator,

Identifier	ReturnReference	Explanation
Part II		WV Hospital Association Region 6/7 Committee member, Monongalia County Local Emergency Planning Committee member, and Harrison County Local Emergency Planning Committee member

Identifier	ReturnReference	Explanation
Part II		Community Health Improvement Advocacy - WVUH has a unique partnership with Morgantown Board of Park and Recreation Commissioners BOPARC The partnership promotes healthy living and enhances the quality of life in the area Some 2011 projects include Dorseys Knob Playground which WVUH is helping to fund

Identifier	ReturnReference	Explanation
Part II		The playground will be erected in 2012 Movies on the Mon - WVUH supports these free outdoor movies, which are held at a local park on most Fridays each summer Camp Sponsor - WVUH sponsors BOPARC camps that promote physical activity to area kids WVUH healthcare professionals are often guest speakers

Identifier	ReturnReference	Explanation
Part II		Workforce Development The Human Resources department of WVUH goes to local colleges and does mock interviews with students to prepare them for job interviews in their field of study

Identifier	ReturnReference	Explanation
Part III line 4		Bad Debt Expense at cost was calculated by multiplying bad debt expense of 35,675,688 by our cost to charge ratio of 38 28 derived from Worksheet 2 in the IRS Schedule H instructions for a total of 13,656,653 Part III, Line 3 - Estimated bad debt attributable to patients eligible for charity care was calculated by running a report within our patient revenue software of all bad debt account balances greater than 50,000 The total of that report was 2,647,139 which we then multiplied by our

Identifier	ReturnReference	Explanation
Part III line 4		cost to charge ratio of 38 28 for a total of 1,013,325 We feel that at a minimum the estimated bad debt attributable to patients eligible for charity care of 1,013,325 should be considered community benefit due to the fact that anyone with outstanding balances of 50,000 or greater usually qualifies as catastrophic if the patient completes the application process

Identifier	ReturnReference	Explanation
Part III line 4		In our charity care policy, we define catastrophic care as any illness or injury that will likely require continuous or frequent treatment for more than one year

Identifier	ReturnReference	Explanation
Part III line 4		WVUH footnote for Accounts Receivable Patients states Accounts receivable, patients are reported at net realizable value Accounts are written off when they are determined to be uncollectable based upon managements assessment of individual accounts The allowance for doubtful collections is estimated based upon a periodic review of the accounts receivable aging, payor classification, and application of historical write-off percentages

Identifier	ReturnReference	Explanation
Part III line 4		WVUH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid, and various commercial insurance companies WVUH maintains allowances for potential credit losses and such losses have historically been within managements expectation

Identifier	ReturnReference	Explanation
Part III line 8		The amount reported in Part III Line 6 172,984,417 was calculated using the total Medicare allowable cost from the Medicare cost report, less Medicare reimbursement of direct GME

Identifier	ReturnReference	Explanation
Part III line 8		WVUHs shortfall, 5,503,939, of Medicare program reimbursement should be considered a community benefit because we are relieving a government burden by providing care in excess of our costs to these patients WVUH has the only Level 1 Trauma Center in the area, and we serve an aging population that relies on WVUH to provide the most state-of-the-art care available in the area

Identifier	ReturnReference	Explanation
Part III line 9b		WVUH does have a debt collection policy The policy does not yet address collection practices to be followed for patients who are known to qualify for charity care or financial assistance

Identifier	ReturnReference	Explanation
Part V		Line 10 - WVUH does not offer discounted care to individuals who fail the 200 FPG test for charity care Self-Pay patients with no third party coverage may be eligible for a 20 self-pay discount if they meet certain requirements defined in our financial assistance policy

Identifier	ReturnReference	Explanation
Part V		Line 13g - WVUH also has brochures available at all registration areas explaining our financial assistance policy

Identifier	ReturnReference	Explanation
Part V		Line 19d - Patients who have no third party coverage uninsured or uninsurable may be eligible for a 20 self pay discount if they meet certain requirements All patient charges are based on state regulated rates

Identifier	ReturnReference	Explanation
Part V		Line 21 - All patients are charged an amount equal to gross charges regardless of payment method

Identifier	ReturnReference	Explanation
Part VI Line 2		The Planning and Marketing Department of WVUH engaged Lifton Associates, LLC to prepare a community health needs assessment, undertaken jointly with Monongalia General Hospital, during the summer and fall of 2010 The report was issued in January 2011, WVUH posted the report on our website www wvuhealthcare com and shared it with community leaders along with the Monongalia County Health Department The 2011 report calls for a broad based committee to be formed

Identifier	ReturnReference	Explanation
Part VI Line 2		The committee is meeting, and WVUH is participating As a result of the assessment, our community action plan includes working with a group of leaders in the community to prioritize health issues and implement strategies to address those issues Impacting diabetes and obesity is the focus of that group WVUH has dozens of programs focused on these issues and that group will be looking into expanding or emphasizing these programs

Identifier	ReturnReference	Explanation
Part VI Line 2		WVUH Planning and Marketing tracks needs throughout the year to determine if changes in the community warrant an immediate reaction from WVUH. The 2011 report issued by Lifton Associates, LLC notes some specialty care needs - we continue to work on recruiting and expanding our facilities to meet those needs. It is a large part of our current plan.

Identifier	ReturnReference	Explanation
Part VI Line 2		WVUH considers several components in determining the health services needs of the communities it serves. The Primary Service Area PSA for WVUH includes Monongalia County, WV, Marion County, WV, Taylor County, WV and Preston County, WV WVUH utilizes various resources to determine community needs including outside consultants, collaboration with various departments, and statistical measures including physician-to-population ratios.

Identifier	ReturnReference	Explanation
Part VI Line 2		from the American Medical Association and the US Census Bureau, physician availability in the entire service area, and general health risks for our community from clinical diagnosis information gathered by the West Virginia Health Care Authority and Thomson Reuters Market Planner Plus

Identifier	ReturnReference	Explanation
Part VI Line 2		Once all the data is gathered to determine where residents of West Virginia are going for care, and what types of services they are receiving, an assessment can then be made based on physician distribution and population estimates to determine where WVUH could deploy physicians and services to better care for residents of our Primary Service Area and other surrounding areas

Identifier	ReturnReference	Explanation
Part VI Line 2		Furthermore, in accordance with the mission and values of WVUH, it is important to mention that this information is compiled to be a guide to help provide a quality health care system, including tertiary services, to the citizens of West Virginia and the surrounding area Equally important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the West Virginia University Health Sciences Center Per Board of Directors action 12-14-01

Identifier	ReturnReference	Explanation
Part VI Line 3		WVUH employs 10 financial counselors to meet with patients and discuss eligibility to qualify for charity care WVUH provides brochures discussing charity care and the qualifications for receiving charity care. These brochures are available at each registration area in the facility. WVUH provides financial assistance to patients who do not qualify for any state or federal programs.

Identifier	ReturnReference	Explanation
Part VI Line 3		Our charity care eligibility guidelines are also listed on our website at www wvuhealthcare com under the Your Hospital Stay section of the Patient and Visitor page WVUH also has contracted a third party organization to be on-site to help patients, that qualify for charity care, Medicaid, or other types of financial assistance, complete the required applications and provide the correct documentation to receive these benefits

Identifier	ReturnReference	Explanation
Part VI Line 4		WVUH serves the entire state of West Virginia and portions of the neighboring states of Maryland and Pennsylvania WVUH considers its Primary Service Area PSA to include Monongalia County, WV, Marion County, WV, Taylor County, WV and Preston County, WV The 2011 market share for our PSA is 41 9 with 18 23 of those patients covered by Medicaid and 7 85 uninsured The largest non-profit competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital

Identifier	ReturnReference	Explanation
Part VI Line 4		Non-Profit competitors within our overall services area, including Pennsylvania include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2011 US Census information, Monongalia County has a population of 93,794, an average household income of 47,901, and an unemployment rate of 5 0 21 0 of residents were below the federal poverty guideline for 2011 FPG 2011 Marion Countys population is 57,713, average household income of 43,772 and unemployment of 6 5 16 8 of Marion county residents fell below FPG 2011

Identifier	ReturnReference	Explanation
Part VI Line 4		Taylor County has a population of 14,270, average household income of 42,933, and unemployment of 6 9 15 8 of Taylor County residents were below FPG 2011 Preston Countys population is 30,709, with an average household income of 43,982, and an unemployment rate of 6 3 13 9 of Preston County residents fell below the Federal Poverty Guideline for 2011

Identifier	ReturnReference	Explanation
Part VI Line 4		WVUH offers a comprehensive range of healthcare, from well-child visits with a pediatrician to life-saving surgery. While our central mission is to provide state-of-the-art care to the people of West Virginia and the surrounding areas, the excellence of our services brings people from every U.S. state, and our international program serves patients from countries around the world.

Identifier	ReturnReference	Explanation
Part VI Line 4		WVUH also provides support throughout the entire state of West Virginia by making sure that health care is available to all, regardless of income or health insurance by supporting important educational and social welfare activities within our immediate community and to the entire state of West Virginia and surrounding areas and by providing financial support to the health professions education programs of West Virginia University

Identifier	ReturnReference Explanation	
Part VI Line 4		In 2011 32 5 of West Virginias adult residents suffered from obesity, according to a study by the Center for Disease Control and Prevention Obesity is defined as a body mass index BMI of 30 of greater Obesity is a major risk factor for cardiovascular disease, certain types of cancer and Type 2 Diabetes

Identifier	ReturnReference	Explanation
Part VI Line 4		WVUH participates in many different programs that address obesity throughout West Virginia The Coronary Artery Risk Detection in Appalachian Communities CARDIAC, Healthy Hearts A Web-based Instructional Module for Children on Cardiovascular Health, Choosy Kids, Helping Educators Attack CVD Risk Factors Together HEART, The Dr Dean Ornish Program, and the WV Healthy Lifestyles Act on Education Practices and Childhood Obesity WVUH physicians also participate in day camps that promote healthy activities to children in our community

Identifier	ReturnReference	Explanation
Part VI Line 4		West Virginia is also faced with high rates of death due to cancer and cardiovascular disease WVUH operates the Mary Babb Randolph Cancer Center MBRCC, this center is West Virginias premier cancer facility with a national reputation of excellence in cancer treatment, prevention and research MBRCC is recognized by the American College of Surgeons Commission on Cancer for providing the best in cancer care

Identifier	ReturnReference Explanation		
Part VI Line 4		The WVU Heart Institute offers a comprehensive cardiac care program, using the most current diagnostic procedures to detect and evaluate mild to life-threatening heart problems. Our board-certified cardiac experts include medical and interventional cardiologists, surgeons, cardiac electrophysiologists and others who treat people with all types of heart problems-from congenital heart issues to heart attacks.	

Identifier	ReturnReference	Explanation
Part VI Line 4		We offer both traditional and the latest, minimally invasive interventions, followed by cardiac rehabilitation and heart disease management programs. After surgery or other procedures, we work with the primary care doctor to facilitate patient rehabilitation.

Identifier	ReturnReference	Explanation		
Part VI Line 5		WVUHs board of directors is a community board, with ten of the seventeen members living in or around Morgantown, WV The seven remaining board members live outside the PSA for WVUH, but still live within our overall service area Having members living outside our PSA allows us to be more aware of the healthcare needs in other areas of West Virginia Fifteen of the seventeen board members are neither employees not independent contractors of WVUH, nor family members thereof		

Identifier	ReturnReference	Explanation		
Part VI Line 5		As a university medical center WVUH only extends medical privileges to faculty of the WVU School of Medicine WVUH allocates available funding to capital purchases and expanding services to improve patient care, support of medical education at WVU, and research through support of the Mary Babb Randolph Cancer Center WVUH is responsible for providing educational and clinical facilities primarily for the WVU Schools of Health, Science, Dentistry, and Medicine		

Identifier	ReturnReference	erence Explanation			
Part VI Line 5		WVUH is one of 260 hospitals in the US participating in the first national pay-for-performance demonstration of its kind, designed to determine if economic incentives are effective at improving the quality of inpatient care. Many WVUH providers and students volunteer their time 822 hours of on-site care in 2011 at Milan Puskar Health Right, a community clinic which provides care at no cost to uninsured or underinsured low-income residents.			

Identifier	ReturnReference Explanation			
Part VI Line 5		In addition WVUH partners with the Morgantown Rotary Club each year to provide health screenings to the community, WVUH participates in Monongalia Countys Partners in Education program with local elementary schools and holds various health fairs in the community each year to promote awareness of health risks prevalent in our area		

Identifier	ReturnReference	Explanation				
Part VI Line 6		WVUH is a part of the WV United Health System As a university medical center and the largest hospital of the System, WVUH plays a significant role in improving the general health care of the community. The strategic plan of the System states intent to build a regional health care delivery system in its service area, defined above, while offering a variety of options for providers who want to participate. The System maintains a demonstrated commitment to assist rural communities in preserving and improving the health care available to the patients it serves.				

Identifier	ReturnReference	Explanation		
Part VI Line 6		System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the Systems service areas. Other hospitals in the System include United Health Center, which is more centrally located in the state, City Hospital, Inc. and Jefferson Memorial Hospital which are located in the Eastern Panhandle of West Virginia, and Camden-Clark Medical Center located to the west in Parkersburg, WV		

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**General Information on Grants and Assistance** 

Schedule I (Form 990)

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

► Attach to Form 990

Governments and Individuals in the United States

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

2011

Open to Public Inspection

**DLN: 93493320030662**OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
West Virginia University Hospitals Inc

Employer identification number

55-0643304

Form 990, Part IV	V, line 21 for any	o Governments and recipient that received 90) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gram or assistance
1) United Way278-C Spruce St Morgantown, WV 26505	55-0462065	501c3	30,430				Support
2) WVU Foundation1 Vaterfront Place Vorgantown, WV 26507	55-6017181	501c3	2,514,996				Support
3) Greater Morgantown CVB '09 Beechurst Ave 1organtown, WV 26505	55-0658922	501c6	5,000				Support
4) American Heart AssociationPO Box 12110 Charleston, WV 25304	13-5613797	501c3	5,000				Support
5) Morgantown Board of Parks & Recreation CommissionPO Box 590 Morgantown, WV 26507		501c3	26,000				Support
6) WV Center For Nursing .018 Kanawha Blvd East Charleston, WV 25301	20-3711601	115	5,000				Support
7) Mainstreet Morgantown 110 High Street Aorgantown, WV 26505	31-1129585	501c3	15,000				Support

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
I	2	WVU Hospitals provides cash contributions to various charitable organizations that support education, healthcare, or community building activities. WVUH does not monitor the use of grants after awarded

**Compensation Information** 

DLN: 93493320030662

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

wes	west virginia University Hospitals Inc. 55-0643304						
Pa	rt I Questions Regarding Compensation	on	•				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		iny of the following to or for a person listed in Form vide any relevant information regarding these items				
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		No	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	that appl	ly				
	Compensation committee		Written employment contract				
	Independent compensation consultant	고	, ,				
	Form 990 of other organizations	<b>~</b>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	, Part VI	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-contro	l paymei	nt?	4a	Yes		
ь	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b	Yes		
c	Participate in, or receive payment from, an equity-l	based co	ompensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and p		<b>-</b>				
	Only 501(c)(3) and 501(c)(4) organizations only m	nust com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any				
а	The organization?			5a		No	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any				
а	The organization?			6a		No	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No	
8	Were any amounts reported in Form 990, Part VII,						
	subject to the initial contract exception described in Part III	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe	_			
				8		No	
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$ ?	he rebutt	table presumption procedure described in Regulations	9			

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Bruce McClymonds	(ı) (ıı)	564,617	122,737	316,486	94,693	23,735	1,122,268	99,949
(2) Mary Jo Shanan	(ı) (ıı)	264,866	42,000	17,050	17,010	3,076	344,002	9,895
(3) Richard King	(ı) (ıı)	148,040 63,446						
(4) Stephen Tancın	(ı) (ıı)	218,009	32,548	13,738	6,685	23,895	294,875	5,964
(5) Gary Murdock	(ı) (ıı)	221,787	26,000	27,780	15,050	22,755	313,372	2 25,434
(6) Melanie Davies	(ı) (ıı)	126,072	10,404	11,369	10,640		158,485	;
(7) Dorothy Oakes	(ı) (ıı)	223,387	26,670	24,213	15,050	15,976	305,296	20,525
(8) Charlotte Bennett	(ı) (ıı)	206,670	25,345	36,659	13,510	23,295	305,479	18,570
(9) Michael Hurst MD	(ı) (ıı)	262,371	25,421		32,377	3,410	323,579	,
(10) Taylor Troischt	(ı) (ıı)	162,153		81,959		21,014	265,126	
(11) Thomas McNeely	(ı) (ıı)	172,952	502	3,366		19,296	196,116	
(12) Christine Vaglienti	(ı) (ıı)	170,061	12,147	2,320		22,194	206,722	
(13) Carol Woodward Game	(ı) (ıı)	161,833	13,261	100		23,404	198,598	
(14) David Flynn	(ı) (ıı)	160,286	13,308	2,076		22,582	198,252	
			<u> </u>					
				1				

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Ī	1a	Gross up payments are made to pay the taxes on the life insurance premiums and personal use of the company vehicle for the CEO While there was no formal written policy in place during 2011 to govern this practice, however one has been implemented in 2012 These are included in the Form 990 compensation, and they have been approved by the Board This amount was also included in 2011 form W-2 Box 5 as taxable compensation
I	4 b	During 2011, certain individuals reported in Part VII participated in a nonqualified retirement plan. The following is a list of those individuals, plan types and amounts
I	1 a	Bruce McClymonds - 457F vestings -7,815 CAA 94,693 received a vesting from CAA of 92,134 included in 2011 form W-2 box 5 Steve Tancin - CAA 6,685 Received a CAA Vesting of 5,964 included in 2011 form W-2 box 5
I	1 a	Gary Murdock - CAA - 15,050 received a CAA Vesting of 25,434 Charlotte Bennett - CAA 13,510, vestings of 18,570 Dorothy Oakes - CAA 15,050, vestings of 20,525 Mary Jo Shahan - CAA 17,010, vestings 9,895 Melanie Davies - CAA 10,640 from related organization Rich King - CAA 10,094 All of the above amounts are properly reported on the form W-2 for 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493320030662

2011

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

West Virginia University Hospitals Inc

Employer identification number

55-0643304

											75 004	J J U T			
Р	art I Bond Issues	_													
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	( <b>g)</b> De	feased	Beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	West Virginia Hospital Finance Authority	62-1256910	956622US1	09-04-2003	26,260			Series B - R n of 1993 S	efund a eries Bonds		х		X		Х
В	West Virginia Hospital Finance Authority	62-1256910	956622US1	09-04-2003	45,750	,000 r	2003 Series D - Fund renovation and 1993 Series Bonds				х		х		х
С	West Virginia Hospital Finance Authority	62-1256910	956622YG3	08-29-2008	27,115	-		Series D - F Series B Bo			х		х		х
D	West Virginia Hospital Finance Authority	62-1256910	956622YG3	09-17-2008	34,350	34,350,881 2008 Series E - Refund 2005 Series A Bonds			х		х		х		
Pa	rt III Proceeds			•		•				•	•	•			
					A	<b>\</b>		I	3		С			D	
1	A mount of bonds retired					3,950,	0,000								
2	A mount of bonds defeased														
3	Total proceeds of issue		2	26,260,	,771		45,750,000		27,	115,000		34	,369,757		
4	Gross proceeds in reserve fu	ınds												3	,453,965
5	Capitalized interest from pro-	ceeds							3,100,032						
6	Proceeds in refunding escrov	W													
7	Issuance costs from proceed	ds				195,	5,743 297,348		155,265			5 390,793			
8	Credit enhancement from pro	oceeds				584,	4,618 1,982,133			27,427			,		,
9	Working capital expenditures	s from proceeds													
10	Capital expenditures from pro	oceeds							40,397,844						
11	O ther spent proceeds				2	25,480,	,410				26,9	935,308	3	30	,538,355
12	O ther unspent proceeds														
13	Year of substantial completion	on			198	88		20	06		2008			2008	
					Yes	No		Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as pa	ort of a current refund	ding issue?		Х				Х	Х			Х		
 15						Х			Х			Х		$\top$	
16	Has the final allocation of proceeds been made?				Х			Х		Х			X	$\top$	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							Х		×		Х			
Pa	rt IIII Private Business	Use									•				
						A B			В		C		D		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Χ

Yes

Yes

No

No

Х

Par	titi Private Business Use (Continued)								
			A		В		С	Ī	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	×		Х		X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		X		Х			
С	Are there any research agreements that may result in private business use of bond-financed property?	Х			Х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	Х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 001 %	0 001 %		0 001 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 001 %		0 001 %		0 %		
6	Total of lines 4 and 5	0 002 %			0 002 %		0 001 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х		х		х		
Pai	rt IV Arbitrage								

		Α	В	3	С		D		
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X		X		
2	Is the bond issue a variable rate issue?	Х			Х	Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X		Х	X			
	Name of provider	UBS				MLCS			
С С	Term of hedge	0000000004 5	0000000000			0000000026 7	5000000000		
d	Was the hedge superintegrated?	×					×		
e	Was a hedge terminated?		Х				х		
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		×		Х		
6	Did the bond issue qualify for an exception to rebate?		х		Х		х		

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Identifier Return Reference Explanation**  Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493320030662

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

West Virginia University Hospitals Inc

Employer identification number

55-0643304

											55-064	3304				
P	art I Bond Issues											(h)	On			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ice	<b>(f)</b> D	escription)	of Purpose	<b>(g)</b> De	feased		alf of		Pool ancing	
										Yes	No	Yes	No	Yes	No	
A	West Virginia Hospital Finance Authority	62-1256910	956622YW8	02-26-2009	45,590,		2009 Series A - Refund 2003 C Bonds			×		Х		x		
В	West Virginia Hospital Finance Authority	62-1256910	956622YW8	02-26-2009	22,385,	000 Im	2009 Series B - Fund improvements and renovations at East Hospitals				х		Х		х	
С	West Virginia Hospital Finance Authority	62-1256910	956622D27	12-17-2009	31,894,	128 lm	2009 Series C - Fund improvements at WVUH East Hospitals				х		Х		х	
D	West Virginia Hospital Finance Authority	62-1256910	956622D35	03-01-2011	16,355,		2011 Series B - Fund improvements at WVUH			х		х		х		
Pa	rt III Proceeds	•		•		•				•						
1	A mount of bonds retired				Α		В				С		1	D		
<u> </u>	A mount of bonds defeased												<del>                                     </del>			
3	Total proceeds of issue		4	5,590,0	000		22,385,000		31.	894,128	3	16	5,355,146			
4	Gross proceeds in reserve f			<u>, , , , , , , , , , , , , , , , , , , </u>					•	•			· · ·			
5	Capitalized interest from pro	oceeds														
6	Proceeds in refunding escro	w														
7	Issuance costs from procee	eds				496,	6,524 242,357		619,41					159,871		
8	Credit enhancement from pr	oceeds				442,8	2,892 217,463									
9	Working capital expenditure	s from proceeds														
10	Capital expenditures from p	roceeds						,	20,093,978		29,	021,063	3			
11	O ther spent proceeds				4	4,838,3	386								668,532	
12	O ther unspent proceeds								1,831,202		2,	390,815	;	15	5,526,743	
13	Year of substantial completi	ion			200	6										
					Yes	No		Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as pa	art of a current refun	ding issue?		X				Х			Х				
15	Were the bonds issued as part of an advance refunding issue?					Х			Х			Χ				
16	Has the final allocation of proceeds been made?				X				Х			Χ				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?							Х		Х			Х			
Pa	rt IIII Private Business	Use			1								1			
	_				A			ı	В		Ç			D		
l					Yes	No		Yes	No	Yes		No	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Х

Χ

Χ

Χ

Len	Private Business Use (Continued)								
	,		A		В		c '		D
	ŗ	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	×		х		×			Х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	х		Х		х			
c	Are there any research agreements that may result in private business use of bond-financed property?	х			х	х	,		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	х			1	х	,		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1	0 001 %		0 001 %		0 001 %		0 001 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 001 %
6	Total of lines 4 and 5	1	0 001 %	.[	0 001 %	1	0 001 %		0 002 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	1	х	ĺ	х		х		Х

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X		Х		
2	Is the bond issue a variable rate issue?	Х		Х		Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
		X			X		X		
ь 	Name of provider	UBS							
С	Term of hedge	0000000027 1	.70000000000						
d	Was the hedge superintegrated?		×						
e	Was a hedge terminated?		х						
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		Х		
6	Did the bond issue qualify for an exception to rebate?		Х		х		×		

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Identifier Return Reference Explanation**  Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990).

OMB No 1545-0047

DLN: 93493320030662

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** West Virginia University Hospitals Inc 55-0643304

Pa	art I Bond Issues									-				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description	of Purpose	(g) De	efeased	Beh	On alf of suer		Pool ancing
									Yes	No	Yes	No	Yes	No
A	West Virginia Hospital Finance Authority	62-1256910		06-30-2011	28,520,00	0 2011	2011D - Refund 1998 Bonds			х		Х		х
В	West Virginia Hospital Finance Authority	62-1256910		06-30-2011	16,345,00		2011E - Fund construction upgrades at WVUH and CHI			х		х		х
Pa	art II Proceeds						_							
					А		<del></del>	В		С			D	
1	A mount of bonds retired					930,054								
2	A mount of bonds defeased													
3	Total proceeds of issue				28,	520,000		16,345,000						
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds											$\perp$		
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds	s				138,528	3	64,499	<u> </u>					
8	Credit enhancement from proc	ceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro-	ceeds						788,820						
11	Other spent proceeds				28,	381,472	2							,
12	Other unspent proceeds							15,491,681						
13	Year of substantial completion	n					•							
					Yes	No	Yes	No	Yes		No	Ye:	s	No
14	Were the bonds issued as part	t of a current refund	ding issue?		X			Х						
15	Were the bonds issued as part	t of an advance ref	unding issue?			Х		Х						
16	6 Has the final allocation of proceeds been made?				Х			Х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х		×							
Pa	rt IIII Private Business U	Jse			<del></del>									
					Yes No		B No.		Yes			<del> </del>	D	N-
						No	Yes	No l	res	1	No	Yes	<i>5</i>	No

			Α		<u>В</u>		C		)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond- financed property?	Х							

Par	Private Business Use (Continuea)								
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х							
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
С	Are there any research agreements that may result in private business use of bond-financed property?	Х							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 001 %				•		•
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 001 %						
6	Total of lines 4 and 5		0 002 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х						

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
			^		^				
2	Is the bond issue a variable rate issue?		×		×				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X		X				
	Name of provider		1						
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider		•						
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х		х				
6	Did the bond issue qualify for an exception to rebate?		Х		х				

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493320030662

Open to Public Inspection

(i) Pool

Department of the Treasury Internal Revenue Service Name of the organization

(a) Issuer

West Virginia University Hospitals Inc

Part I Bond Issues

Employer identification number

**(h)** On

Behalf of

55-0643304

(a) Defeased

Ì	Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue I	rice	(f) Descr	iption of Purp	ose			Issu	er	Tinai	ncing
										Yes	No	Yes	No	Yes	No
Par	t III P	roceeds													
	A mount	of bonds retired					Α		В		С		-	D	
1_		of bonds retired											+		
		oceeds of issue													
3		proceeds in reserve fur	nds												
4	· ·	ized interest from proc													
5		ds in refunding escrow								_			+		
6		ce costs from proceed								_					
7_		enhancement from pro-													
8		capital expenditures											_		
9		expenditures from pro													
10		pent proceeds													
11		nspent proceeds													
12		substantial completio	n												
13	Teal Oi	substantial completio				Vaa	l No	l v	l Na	١.	, l	No	l v		Na
1.4	Were th	e bonds issued as par	t of a current refundin	ia issue?		Yes	No	Yes	No	1	'es	NO	<b>T</b>	es	No
14													+		
<u>15</u>		e bonds issued as par		aing issue?									+		
16		final allocation of pro													
17		ie organization mainta on of proceeds?	ın adequate books and	d records to support the	e final										
Par	t IIII P	rivate Business l	Jse				•		•					•	
							<u>A</u>		В		Ç			D	
						Yes	No	Yes	No	Y	'es	No	Y	es	No
1		e organization a partne y financed by tax-exer		a member of an LLC, wh	ich owned										
2		re any lease arrangem d property?	nents that may result i	ın prıvate busıness use	of bond-										
For P			on Act Notice, see the I	Instructions for Form 990	).		Cat No 50193E		•	•	•	Schedule	K (Forn	1990) 2	011

Par	Private Business Use (Continued)									
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private	business	165	140	165	140	res	140	Tes	110
	use?									
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to enpost-issuance compliance of its tax-exempt bond liabilities?	sure the								
Par	t IV Arbitrage									
		Α			B		<u>C</u>		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	· Y	es	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?									
2	Is the bond issue a variable rate issue?									
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
b	Name of provider				<u> </u>		l			
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?									
b	Name of provider				•		•			
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?									
6	Did the bond issue qualify for an exception to rebate?									
P	Check the box if the organization established written procedures to closing agreement program if self-remediation is not available unc									

# Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493320030662

Open to Public Inspection

(i) Pool

Department of the Treasury Internal Revenue Service Name of the organization

(a) Issuer

West Virginia University Hospitals Inc

Part I Bond Issues

Employer identification number

**(h)** On

Behalf of

55-0643304

(a) Defeased

Ì	Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue I	rice	(f) Descr	iption of Purp	ose			Issu	er	Tinai	ncing
										Yes	No	Yes	No	Yes	No
Par	t III P	roceeds													
	A mount	of bonds retired					Α		В		С		-	D	
1_		of bonds retired											+		
		oceeds of issue													
3		proceeds in reserve fur	nds												
4	· ·	ized interest from proc													
5		ds in refunding escrow											+		
6		ce costs from proceed								_					
7_		enhancement from pro-													
8		capital expenditures											_		
9		expenditures from pro													
10		pent proceeds													
11		nspent proceeds													
12		substantial completio	n												
13	Teal Oi	substantial completio				Vaa	l No	l v	l Na	١.	, l	No	l v		Na
1.4	Were th	e bonds issued as par	t of a current refundin	ia issue?		Yes	No	Yes	No	1	'es	NO	<b>T</b>	es	No
14													+		
<u>15</u>		e bonds issued as par		aing issue?									+		
16		final allocation of pro													
17		ie organization mainta on of proceeds?	ın adequate books and	d records to support the	e final										
Par	t IIII P	rivate Business l	Jse				•		•					•	
							<u>A</u>		В		Ç			D	
						Yes	No	Yes	No	Y	'es	No	Y	es	No
1		e organization a partne y financed by tax-exer		a member of an LLC, wh	ich owned										
2		re any lease arrangem d property?	nents that may result i	ın prıvate busıness use	of bond-										
For P			on Act Notice, see the I	Instructions for Form 990	).		Cat No 50193E		•	•	•	Schedule	K (Forn	1990) 2	011

Par	Private Business Use (Continued)									
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private	business	165	140	165	140	res	140	Tes	110
	use?									
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to enpost-issuance compliance of its tax-exempt bond liabilities?	sure the								
Par	t IV Arbitrage									
		Α			B		<u>C</u>		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	· Y	es	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?									
2	Is the bond issue a variable rate issue?									
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
b	Name of provider				<u> </u>		l			
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?									
b	Name of provider				•		•			
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?									
6	Did the bond issue qualify for an exception to rebate?									
P	Check the box if the organization established written procedures to closing agreement program if self-remediation is not available unc									

# Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320030662

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

	e of the organization Virginia University Hospitals Inc				Employer identificat	ion nui	nber	
					55-0643304			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of do contribution	etermır	_	
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 .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Medical							
25	Other ► ( <u>Equipment</u> )	Х	14	230,931	Cost			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
	5				4 20 11 1 1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part	II					
31	Does the organization have a gif	•		,		31	 	Νo
32a	Does the organization hire or us contributions?	e third part	=	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			

describe in Part II

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
I		The number reported on line 25 represents the number of items received 6 Patient Chairs, 2 Software donations, 1 Omnibed, 2 Vein Viewers, 1 Bronchofiber Video Scope, 1 Doernbecher Crib, and 1 Bone Density System

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320030662

OMB No 1545-0047

ZUII

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization West Virginia University Hospitals Inc	Employer identifi	cation number
	55-0643304	

Identifier	Return Reference	Explanation
Form 990 Part VI	3	WVUH has contracted out the oversight duties of quality control, medical infomation, and medical staff affairs The companys employees assigned to these duties by the company are licensed physicians and have the proper training and skills to perform these duties. These positions as well as the associated costs are Board approved.

ldentifier	Return Reference	Explanation
Form 990 Part VI	11b	The Form 990 is prepared by the accounting department and then reviewed by the accounting manager. Upon approval, it is then reviewed by the non-profit tax manager of our independent auditing firm. Once all review notes are cleared, it is presented to the CFO. Once approved at that level, it is then reviewed by the Audit Committee. After being presented to the audit committee, it is provided to all Board members for comments before being signed and submitted to the IRS.

ldentifier	Return Reference	Explanation
Form 990 Part VI	12c	Annually, all Board Members, Vice Presidents, officers, and managers are required to disclose any relationships which may give rise to a conflict of interest. The responses are then input into spreadsheet format and given to the audit committee which is responsible for the ongoing monitoring of these responses. Any identified conflicts are reviewed by the Ethics Committee, the Ethics Committee makes a recommendation related to resolution or disciplinary actions. The recommendations are then provided to the President and/or Board of WVUH to accept, adopt, or institute. Nothing of concern has been brought to the Ethics Committee for review in 2011.

Identifier	Return Reference	Explanation
Form 990 Part VI	15ab	The compensation of all executives is determined based upon a salary and benefit survey prepared by an independent company using data of comparable facilities. This data is then interpreted and provided to an independent compensation committee. The independent compensation committee then uses this data to determine a fair and reasonable compensation package. All relevant data as well as minutes from each meeting are retained.

Identifier	Return Reference	Explanation
Form 990 Part VI	19	The WV Healthcare Authority publishes the annual financial statements of WVUH in the local new spapers. All other financial and governing documents are available upon request at the WVUH Administration Office during normal business hours.

Identifier	Return Reference	Explanation
Form 990 Part VII		Melanie Davies is the VP of Corporate Compliance for WVU Healthcare, a joint venture between WVUH and WVU Medical Corporation WVUMC. In her role Melanie worked 50 hours a week with approximately 50 of her time dedicated to each entity. Michael Hurst is a member of the WVUH board of directors, he receives a salary from WVUMC for his role as a physician working approximately 40 hours a week for WVUMC.

ldentifier	Return Reference	Explanation
Form 990 Part VI	4	In 2010 West Virginia University Hospitals, Inc, WVUH West Virginia University Medical Corporation d/b/a University Health Associates UHA, WV United Health System WVUHS, and WVU Board of Governors on behalf of West Virginia University and its School of Medicine WVUSM have entered into a Joint Operating Agreement in order to strengthen their support of the WVUSM and its faculty in their pursuit of educating and training the next generation of physicians and of conducting research that advances the science of medicine and its benefits to patients, the state of West Virginia, and the nation UHA and WVUH therefore entered into a Joint Operating Agreement in order to further integrate their mission and purpose, management, clinical activities, economic and financial activities, and identities, so as to function as a single strategic and economic unit

Identifier	Return Reference	Explanation
Form 990 Part VII	1a	WV United Health System WVUHS reimburses WVUH for a portion of Richard King and Robert Brandfass salaries and benefits as part of a shared employee agreement WVUHS reimbursed WVUH 101,276 in 2011 The average numbers of hours per wieck reported for WVUH are only the hours for WVUH, average hours for WVUHS are reported on their Form 990

ldentifier	Return Reference	Explanation
Form 990 Part XI	5	The Amount shown on line 5, 28,245,740 is made up of Unrealized Loss on Investments of 21,816,191, related organization capitalization transfers of 1,278,487 and obligation to the West Virginia University School of Medicine of 7,708,036 under the Joint Operating Agreement

Identifier	Return Reference	Explanation
Form 990		Schedule K - For purposes of reporting bond issuance allocations on Schedule K to the Internal Revenue Service, WVUH, as parent company to City Hospital, Jefferson Memorial Hospital and City Hospital Foundation, is reporting bond issuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return

Identifier	Return Reference	Explanation
Form 990		Schedule K - United Hospital Center and Camden-Clark Medical Center are reporting bond allocations issued to them on the return filed by such taxpayer. Several bond issuances were issued in series and each series is reported in this tax return separately. For each series identified in Schedule K, Part I, the taxpayer will reconcile the series amount reported in this tax return and the tax return filed by United Hospital Center and Camden-Clark Medical. Center to the applicable 8038 filed with the IRS for each bond issuance. Each bond series is reported on the appropriate Form 990, Schedule K, only once in this matter.

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part I, Line B, Column e - The 2008 Series D Bonds issue price 27,115,000, CUSIP number 956622YG3 were issued collectively with 2008 Series A Bonds issue price 46,420,000, CUSIP 956622YE8, 2008 Series B Bonds issue price 46,765,000, CUSIP number 956622YD0 and 2008 Series C Bonds issue price 60,725,000, CUSIP number 956622YF5 totaling 181,025,000 total issue price for all four reported on Form 8038 for August 29, 2008 issuance 2008 Series A Bonds and 2008 Series B Bonds were allocated to United Health Center and will be reported on their Schedule K 2008 Series C Bonds were refunded on December 19, 2009 by the 2009 Series C Bonds, which are reported on Schedule K 2nd Schedule K Part I, Line D, column e of this tax return

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part 1, Line C, Column e 2nd Schedule K - The 2009 C Series Bonds were issued as one series but were allocated within the Obligated Group to WVUH and City Hospital issue price - 31,894,128 and United Hospital Center issue price - 69,402,501. The total issue price for the 2009 Series C Bonds was 101,296,629 consistent with total issue price reported on Form 8038 for December 17, 2009 issuance, CUSIP 956622D27. The consolidated portion of the 2009 Series C Bonds allocated to WVUH is reported on Schedule K 2nd Schedule, Part I, Line D of this return. The United Hospital Center allocated portion of the 2009 Series C Bonds is reported on the tax return filed by such taxpayer.

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part I, Line D, Column e 2nd Schedule K - The 2011 Series B Bonds issue price 41,000,000, CUSIP number 956622D35 were issued collectively with 2011 Series A Bonds issue price 50,000,000, CUSIP 956622D35 totaling 91,000,000 total issue price for all four reported on Form 8038 for March 1, 2011 issuance. The full 2011 Series A Bonds and 24,644,854 of the 2011 Series B Bonds were allocated to Camden-Clark Medical Center and will be reported on their Schedule K.

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part I, Line AB, Column e 3rd Schedule K - The 2011 Series D Bonds issue price 28,940,000 were issued collectively with 2011 Series E Bonds issue price 16,530,000 totaling 44,865,000 total issue price for both reported on Form 8038 for June 30, 2011 issuance. These bonds were issued by BBT therefore there is no CUSIP number assigned.

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part III, Line 3c All columns - Prior to each bond issuance the West Virginia United Health System engages bond council to review all managment and service contracts, leases and research agreements for all hospitals involved in the issuance

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part III, Line 7 All columns - While no policy was put in place during 2011, management is in the process of working with bond council to implement a post-issuance compliance policy for the year 2012. A formal written policy and procedure has been presented to the board for approval in 2012 and will be approved before 2012 year end

Identifier	Return Reference	Explanation
Form 990		Schedule K, Part V, The policy referenced in Part III Line 7 will include written procedures to ensure timely identification of violations of federal tax requirements and timely correction of an identified violations through use of the voluntary closing agreement program

ldentifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 34,351,060, Grants and allocations 0, Revenue 43,969,943 Orthopedics - provides state-of-the-art care to adults and children. Our clinical expertise, combined with cutting edge technology, enables us to provide excellent services for a wide range of orthopedic disorders and injuries. Our goal is to heal and help through surgery, medication, rehabilitation, or a combination of several therapies. Our faculty is nationally recognized and fellowiship trained, but wie emphasize more than surgical expertise. Along with excellent patient care, our goal is to provide excellent service to each of our patients. Every member of the orthopedics team is committed to providing friendly, efficient, and respectful care. Our services include treatment for spine and joint degeneration, musculoskeletal trauma, sports injuries, hand shoulder disorders, pediatrics, and tumors.

ldentifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 33,948,598, Grants and allocations 0, Revenue 46,002,028 Neurosurgery - WVUs Neurosurgeons provide advanced care to adults and children with disorders of the brain, carotid, and vertebral arteries pituitary gland, spine and spinal cord, cranial and spinal nerves, and autonomic nervous system Expert treatment is given for spinal degenerative disease, herniated discs, spinal stenosis, neoplasm, and trauma. Our faculty includes skilled surgeons at the forefront of new techniques in skull-based surgery, advanced stroke care, epilepsy surgery, pediatric neurosurgery, neuro-oncology, pain, and functional disorders.

ldentifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 210,474,868, Grants and allocations 2,637,284, Revenue 299,216,051 WVU Hospitals offers a wide variety of other healthcare services that include but are not limited to Pediatrics, Cardiology, Obstetrics/Gynecology, Neonatal care, Behavioral Medicine, Neurology, Otolaryngology, Emergency Medicine, and Family Medicine

Identifier	Return Reference	Explanation
		Form 990, Part III, Line 4d Program Service Expenses 34,351,060, Grants and allocations 0, Revenue 43,969,943 Orthopedics – provides state-of-the-art care to adults and children. O ur clinical expertise, combined with cutting edge technology, enables us to provide excell ent services for a wide range of orthopedic disorders and injuries. Our goal is to heal and help through surgery, medication, rehabilitation, or a combination of several therapies. Our faculty is nationally recognized and fellow ship trained, but we emphasize more than surgical expertise. Along with excellent patient care, our goal is to provide excellent service to each of our patients. Every member of the orthopedics teams committed to providing friendly, efficient, and respectful care. Our services include treatment for spine and joint degeneration, musculoskeletal trauma, sports injuries, hand shoulder disorders, pedi atrics, and tumors. Form 990, Part III, Line 4d Program Service Expenses 33,948,598, Grant is and allocations. Revenue 46,002,028 Neurosurgery. WVUs Neurosurgeons provide advanced care to adults and children with disorders of the brain, carotid, and vertebral arteries pituatry gland, spine and spinal cord, cranial and spinal nerves, and autonomic nervous system. Expert treatment is given for spinal degenerative disease, herniated discs, spinal stenosis, neoplasm, and trauma. Our faculty includes skilled surgeons at the forefront of new techniques in skull- based surgery, advanced stroke care, epilepsy surgery, pediatric ne urosurgery, neuro-oncology, pain, and functional disorders. Form 990, Part III, Line 4d Program Service Expenses 210,474,868, Grants and allocations 2,637,224, Revenue 299,216,051 WVU Hospitals offers a wide variety of other healthcare services that include but are not limited to Pediatrics, Cardiology, Obstetrics/Gynecology, Neonatal care, Behavioral Medicine, Neurology, Cloiaryngology, Emergency Medicine, and Family Medicine. Form 990 Part VI Section A Line 3 WVU-H has contrated out the oversight duties of

	ntered into a Joint Operating Agreement in order to strengthen their support of the WVUSM and its faculty in their
	pursuit of educating and training the next generation of physicia ns and of conducting research that advances the science of medicine and its benefits to pa tents, the state of West Virginia, and the heation UHA and WVUH therefore entered into a Joint Operating Agreement in order to further integrate their mission and purpose, management, clinical activities, economic and financial activities, and identifies, so as to function as a single strategic and economic unit Form 990 Part VII Section A Line 1a WV United Health System WVUHS reimburses WVUH for a portion of Richard King and Robert Brandfass is alaries and benefits as part of a shared employee agreement WVUHS reimbursed WVUH 101,276 in 2011. The average numbers of hours per week reported for WVUH are only the hours for WVUH, average hours for WVUHS are reported on their Form 990. Form 990 Part XI Line 5. The A mount shown on line 5, 28,245,740 is made up of Unrealized Loss on Investments of 21,816,1 91, related organization capitalization transfers of 1,278,487 and obligation to the West Virginia University School of Medicine of 7,708,036 under the Joint Operating Agreement. Form 990 Schedule K - For purposes of reporting bond issuance allocations on Schedule K to the Internal Revenue Service, WVUH, as parent company to City Hospital, Jefferson Memorial Hospital and City Hospital Foundation, is reporting bond sisuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return. Form 9.90 Schedule K - United Hospital Center and Camden-Clark Medical Center are reporting bond allocations issued to them on the return filed by such taxpayer. Several bond issuances we re issued in series and each series is reported in this tax return separately. For each se ries identified in Schedule K, Part I, the taxpayer will reconcile the series amount reported in this tax return and the tax return filed by United Hospital Center and Camden-Clark Medical Center to the applicable 8038 filed with the IRS for each bond issuance Eac

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320030662 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

ame of the organization				Employer i	dentification number		
Vest Virginia University Hospitals Inc				55-06433	04		
Part I Identification of Disregarded Entities (Comple	te if the organizatio	on answered "Yes'	' on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organızatıor	n answered "Yes"	on Form 990, F	Part IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3		Section 5 cont	( <b>g)</b> 512(b)(13 trolled nization
Con Additional Data Table						Yes	No
See Additional Data Table							
						_	<u> </u>
For Privacy Act and Panerwork Reduction Act Notice, see the Instruction	os for Form 990	Cat No 50	1125		Schedule R (		\

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> 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) Gener mana partn	ral or iging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
											$\Box$	
											$\Box$	

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>(b)</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	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) Allied Health Services Inc PO Box 782 Morgantown, WV 26507 55-0652017	Medical Lab		WV United Health System	C Corp	-301,353		100 000 %
55-0756055	Provider Network		WV United Health System	C Corp	-5,878		100 000 %
(3) WVUH-East Enterprises Inc 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 55-0653982	Medical Equip	wv	WVUH-East Inc	C Corp	70,009		100 000 %
						Schodulo P (	Form 990) 2011

chedul	hedule R (Form 990) 2011						
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A	A, or 36.)					
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No			
<b>1</b> Durii	ng 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 R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	;			
<b>b</b> G	ıft, grant, or capıtal contribution to related organization(s)	1b		No			
<b>c</b> G	ıft, grant, or capıtal contribution from related organization(s)	1c		No			
<b>d</b> Lo	oans or loan guarantees to or for related organization(s)	1d	Yes	•			
<b>e</b> Lo	oans or loan guarantees by related organization(s)	<b>1e</b>		No			
f Sa	ale of assets to related organization(s)	1f		No			
<b>g</b> P	urchase of assets from related organization(s)	1g		No			
h E	xchange of assets with related organization(s)	1h		No			
i Le	ease of facilities, equipment, or other assets to related organization(s)	<b>1</b> i	Yes	;			
<b>j</b> Le	ease of facilities, equipment, or other assets from related organization(s)	1 <u>j</u>	Yes	\$			
k P	erformance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	\$			
I Pe	erformance of services or membership or fundraising solicitations by related organization(s)	11	Yes	<b>š</b>			
m Sl	harıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)	1m		No			
n S	haring of paid employees with related organization(s)	1n	Yes	;			
<b>o</b> R	eimbursement paid to related organization(s) for expenses	<b>1</b> 0	Yes	5			
<b>p</b> R	eimbursement paid by related organization(s) for expenses	1р	Yes	;			
<b>q</b> 0	ther transfer of cash or property to related organization(s)	<b>1</b> q	Yes	5			
r 0	ther transfer of cash or property from related organization(s)	1r	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

		•	
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) West Virginia University Hospitals East Inc	d	923,729	Cost
(2) Allied Health Services	а	46,876	FMV
(3)			
(4)			
(5)			
(6)			

### 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)  (country)  (d) Predominant income(related unrelated, excluded from tax under sections 512-514)		section 501(c)(3) organizations?		edominant me(related, nrelated, lluded from ax under tions 512-  514)  Are all partners to section to organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

**Software ID:** 11000218 **Software Version:** 2011.0.0 **EIN:** 55-0643304

Name: West Virginia University Hospitals Inc

Form 990, Schedule R, Part II - I	Identification of Re	elated Tax-I	Exempt Organ	nizations	Т		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	contr	n 512 13)
West Virginia United Health System							
1000 Technology Drive Fairmont, WV 26554 55-0754713 West Virginia University Hospitals East	Healthcare access	WV	501c3	11 a	N/A		No
Inc	Healthcare access	WV	501c3	11 a	WVU Hospitals Inc	Yes	
City Hospital Inc	Patient Care	WV	501c3	l .	WVUH-East Inc	Yes	
Jefferson Memorial Hospital	Patient Care	WV	501c3	l .	WVUH-East Inc	Yes	
City Hospital Foundation	Support City Hospital	WV	501c3	11 a	N/A		No
Jefferson Healthcare Foundation Inc	Support Jefferson Hospital	wv	501c3	11 a	N/A		No
WVUH-East Services Corp	Hospital Services/Support	wv	501c3	I .	WVUH-East Inc	Yes	
Clarksburg, WV 26301 55-0752788	Behavioral Health	WV	501c3	3	N/A		No
United Hospital Center Inc 327 Medical Park Drive Bridgeport, WV 26330 55-0525724	Patient Care	WV	501c3		WV United Health System	Yes	
United Physicians Care Inc 686 South Pike Street Shinnston, WV 26431 55-0638563	Patient Care	wv	501c3	3	N/A		No
Bridgeport, WV 26330 55-0621706	Hospital Support	WV	501c3	11a	N/A		No
Morgantown, WV 26506 55-0650441	Support	WV	501c3		WV United Health System	Yes	
Charleston, WV 25301 55-0681969	Support	WV	501c3	11a	N/A		No
Parkersburg, WV 26102 55-0769602	Healthcare Access	WV	501c3	11a, I	N/A		No
Parkersburg, WV 26102 55-0667789	Hospital Support	WV	501c3	11a	N/A		Νο
Parkersburg, WV 26102 31-1524546	Patient Care	WV	501c3	I .	WV United Health System	Yes	
Parkersburg, WV 26102 26-4058719	Patient Care	wv	501c3	11a, I	N/A		No
West Virginia University Medical Corporation PO Box 897 Morgantown, WV 26507 55-0492006	Healthcare Access	WV	501c3	3	N/A		No

Consolidated Financial Statements and Supplementary Information

December 31, 2011 and 2010



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## **Independent Auditors' Report**

Board of Directors West Virginia United Health System, Inc.

We have audited the consolidated balance sheet of West Virginia United Health System, Inc. and controlled entities (collectively, the "System") as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the System's management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of United Summit Center, Inc. and United Health Foundation, Inc., controlled entities of the System, which statements reflect total assets of \$24,135,000 and \$25,439,000 as of December 31, 2011 and 2010, respectively, and total revenues of \$21,171,000 and \$21,663,000, respectively, for the years then ended. Those statements were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to amounts included for these entities, is based solely on the reports of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits and the reports of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audits and the reports of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of West Virginia United Health System, Inc. and controlled entities as of December 31, 2011 and 2010, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Pittsburgh, Pennsylvania

Parente Beard LLC

April 16, 2012

Consolidated Balance Sheet December 31, 2011 and 2010 (In Thousands)

	2011	2010		2011	2010
Assets			Liabilities and Net Assets		
Current Assets			Current Liabilities		
Cash and cash equivalents	\$ 39,011	\$ 49,818	Line of credit	\$ 5,931	\$ -
Assets whose use is limited	19,837	14,410	Current maturities of long-term debt	18,892	15,268
Accounts receivable			Accounts payable and accrued expenses	69,376	54,687
Patients, net of estimated allowance for			Estimated third-party payor settlements	15,310	8,290
doubtful collections of approximately			Salaries and benefits payable	55,711	39,882
\$81,027 in 2011 and \$54,169 in 2010	172,953	119,838	Accrued interest payable	2,467	1,857
Other	17,105	14,857	Current portion of estimated medical malpractice		
Estimated third-party payor settlements	-	117	claims liability	11,176	11,410
Inventories of drugs and supplies	25,966	18,883	Deferred revenue	1,666	1,570
Prepaid expenses and other current assets	9,029	5,383			
			Total current liabilities	180,529	132,964
Total current assets	283,901	223,306			
			Long-Term Debt	716,502	510,640
Assets Whose Use Is Limited			•		
Board-designated funds			Estimated Medical Malpractice Claims Liability	36.588	29.180
Funded depreciation	403.878	315,711	,	33,000	20,.00
Debt repayment	137,271	121,422	Derivative Financial Instruments	64,953	24,656
Malpractice self-insurance	28,939	29,871	Delivative i mandial motiamento	0 1,000	21,000
Under trust indenture, held by trustee	68,935	30,883	Pension Liability	18,790	_
Malpractice self-insurance, held by trustee	19,975	18,858	1 Challet Elability	10,750	
Foundation investments			Other Long Term Lightlities	1 676	1 022
Foundation investments	13,907	7,172	Other Long-Term Liabilities	1,676	1,832
Total	672,905	523,917	Total liabilities	1,019,038	699,272
Less amounts available to satisfy current obligations	(19,837)	(14,410)	Net Assets		
	(10,001)	(* 1, 112)	Unrestricted	824,699	718,446
Noncurrent portion of assets whose use is limited	653,068	509,507	Temporarily restricted	8,113	7,598
	555,555	555,551	Permanently restricted	5,354	5,414
Property and Equipment, Net	869,318	652,114	Tomanonily resilicated		
. Toponty and Equipment, not	333,313	332,	Total net assets	838,166	731,458
Pledges Receivable, Net	2,390	3,419	Total Het docte	000,100	701,400
Destructed Assets Held by Three Barties	44.045	10.000			
Restricted Assets Held by Third-Parties	11,645	12,263			
Deferred Financing Costs, Net	11,668	7,279			
Other Assets, Net	25,214	22,842			
Total assets	\$ 1,857,204	\$ 1,430,730	Total liabilities and net assets	\$ 1,857,204	\$ 1,430,730
10(8) 8350(3	Ψ 1,007,204	Ψ 1,430,730	Total liabilities affu fiet assets	1,007,204	Ψ 1,430,730

Consolidated Statement of Operations Years Ended December 31, 2011 and 2010 (In Thousands)

	2011			2010	
Unrestricted Revenues, Gains, and Other Support					
Net patient service revenues	\$	1,294,288	\$	986,522	
Other revenues		52,201		38,621	
Total unrestricted revenues, gains, and other support		1,346,489		1,025,143	
Expenses					
Supplies and purchased services		518,183		380,115	
Salaries and wages		455,986		359,878	
Employee benefits		114,181		99,650	
Provision for doubtful collections		97,725		77,253	
Depreciation and amortization		88,817		63,027	
Interest		31,791		14,216	
Total expenses		1,306,683		994,139	
Operating income		39,806		31,004	
Other Income (Loss)					
Inherent contribution		126,026		_	
Change in fair value of derivative financial instruments		(30,715)		(5,691)	
Investment (loss) income		(11,182)		34,258	
Loss on disposal of property and equipment		(1,157)		(337)	
Loss on early extinguishment of debt		(562)		-	
Other, net		96		(145)	
Revenues in excess of expenses		122,312		59,089	
Pension Liability Adjustment		(9,473)		-	
Transfers to the School of Medicine		(7,708)		(4,544)	
Contributions Restricted for Purchases of Property and Equipment		731		532	
Net Assets Released from Restrictions Used for Purchase for Property and Equipment		151		8,528	
Amortization of Fair Value of Derivative Financial Instruments		240		240	
Increase in unrestricted net assets	\$	106,253	\$	63,845	

Consolidated Statement of Changes in Net Assets Years Ended December 31, 2011 and 2010 (In Thousands)

	2011	2010	
Unrestricted Net Assets			
Revenues in excess of expenses	\$ 122,312	\$ 59,089	
Pension liability adjustment	(9,473)	-	
Transfers to the School of Medicine	(7,708)	(4,544)	
Contributions restricted for purchases of property and equipment	731	532	
Net assets released from restrictions used for the purchase			
of property and equipment	151	8,528	
Amortization of fair value of derivative financial instruments	240	240	
Increase in unrestricted net assets	106,253	63,845	
Temporarily Restricted Net Assets			
Contributions and grants	1,400	1,106	
Inherent contribution	278	_	
Change in value of split-interest agreements	(141)	(153)	
(Decrease) increase in temporarily restricted assets held by	,	, ,	
the West Virginia University Foundation	(132)	191	
Net assets released from restrictions	(890)	(8,828)	
Increase (decrease) in temporarily restricted net assets	515	(7,684)	
Permanently Restricted Net Assets			
Valuation (loss) gain	(180)	329	
Inherent contribution	112	_	
Increase in permanently restricted assets held by			
the West Virginia University Foundation	8	9	
(Decrease) increase in permanently restricted net assets	(60)	338	
Increase in net assets	106,708	56,499	
Net Assets, Beginning	731,458	674,959	
Net Assets, Ending	\$ 838,166	\$ 731,458	

Consolidated Statement of Cash Flows Years Ended December 31, 2011 and 2010 (In Thousands)

		2011		2010	
Cash Flows from Operating Activities					
Increase in net assets	\$	106,708	\$	56,499	
Adjustments to reconcile increase in net assets to net cash provided by	Ψ	100,708	Ψ	30,499	
operating activities					
Provision for doubtful collections		97.725		77,253	
Depreciation and amortization		88,817		63,027	
·				63,027	
Inherent contribution		(126,416)			
Change in fair value of derivative financial instruments		30,475		5,451	
Loss on disposal of property and equipment		1,157		337	
Loss on early extinguishment of debt		562		-	
Amortization of discount on long-term debt, net		21		35	
Equity in the loss (income) of partnership interests		946		(306)	
Distributions received from partnership interests		511		511	
Net realized and unrealized losses (gains) on investments		23,172		(26,910)	
Pension liability adjustment		9,473		-	
Contributions restricted for purchases of property and equipment		(731)		(532)	
Change in value of split-interest agreements		141		153	
Valuation loss (gain)		180		(329)	
Decrease (increase) in restricted assets held by the West Virginia					
University Foundation, net		124		(200)	
Changes in assets and liabilities					
Accounts receivable					
Patients		(115,611)		(79,777)	
Other		(2,248)		981	
Estimated third-party payor settlements		3,493		7,966	
Inventories of drugs and supplies		150		(914)	
Prepaid expenses and other current assets		810		1,610	
Pledges receivable		1,029		436	
Accounts payable and accrued expenses		294		15,935	
Salaries and benefits payable		8,581		3,734	
Accrued interest payable		443		326	
Estimated medical malpractice claims liability		(2,380)		816	
Other liabilities		(2,360)		50	
Outer habilities		(657)			
Net cash provided by operating activities		126,569		126,152	
Cash Flows from Investing Activities					
Purchase of hospital assets		(89,128)		_	
Net (purchases) sales of investments		(83,020)		59,323	
Purchases of property and equipment		(79,547)		(169,260)	
Net cash acquired from inherent contribution		13,859		(.55,255)	
Increase in other assets		(943)		(3,024)	
Proceeds from the sale of property and equipment		217		263	
Net cash used in investing activities		(238,562)		(112,698)	
•					

Consolidated Statement of Cash Flows Years Ended December 31, 2011 and 2010 (In Thousands)

	2011		2010	
Cash Flows from Financing Activities				
Proceeds from the issuance of long-term debt	\$	117,030	\$	_
Repayment of long-term debt		(16,296)		(14,780)
(Payment) refund of financing costs		(1,210)		32
Net proceeds from line of credit		931		-
Contributions restricted for purchases of property and equipment received		731		532
Net cash provided by (used in) financing activities		101,186		(14,216)
Decrease in cash and cash equivalents		(10,807)		(762)
Cash and Cash Equivalents, Beginning		49,818		50,580
Cash and Cash Equivalents, Ending	\$	39,011	\$	49,818
Supplemental Disclosure of Cash Flow Information				
Interest paid, net of amounts capitalized	\$	31,348	\$	13,890

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 1. Organizational Structure and Nature of Operations

West Virginia United Health System, Inc ("WUHS") is a not-for-profit corporation formed to serve as part of an integrated health science and healthcare delivery system. WUHS serves as the parent corporation to an affiliated group of healthcare providing entities which includes West Virginia University Hospitals, Inc. and controlled entities, United Hospital Center, Inc. and controlled entities, Camden-Clark Health Services, Inc. and controlled entities, Allied Health Services, Inc., United Physicians Care, Inc., and West Virginia United Insurance Services, Inc.

West Virginia University (the "University") commenced operations of a tertiary care teaching hospital in 1960 as a component of the Medical Center of the University In 1984, the West Virginia legislature adopted legislation which authorized separation of the hospital operations from the University and establishment of a separate corporate entity. At that time, West Virginia University Hospitals, Inc. ("WVUH") was incorporated as a not-for-profit corporation to operate one or more hospitals in order to provide patient care, including specialized services not widely available in West Virginia, and to facilitate clinical education and research. It currently operates Ruby Memorial Hospital, which is located in Morgantown, West Virginia. Ruby Memorial Hospital serves as a major statewide and regional healthcare referral center and provides the principal clinical education and research site for the University

On January 1, 2005, WVUH became the sole member of West Virginia University Hospitals - East, Inc ("WVUH-East"), a not-for-profit corporation formed to serve as part of an integrated health science and healthcare delivery system WVUH-East serves as the parent corporation to an affiliated group of healthcare providing entities which includes City Hospital, Inc ("CHI"), City Hospital Foundation, Inc ("CHF"), Gateway Health Services Corporation ("GHS"), Gateway Health Enterprises Corporation ("GHE"), Gateway Healthcare Properties, Inc ("GHP"), The Charles Town General Hospital d/b/a Jefferson Memorial Hospital ("JMH"), Jefferson Health Care Foundation, Inc ("JHF"), and Jefferson Health Enterprises, Inc ("JHE") During 2009, GHP merged with CHF as the surviving corporation of the merger ("CHF") Also during 2009, JHE merged with GHE to form WVUH-East Enterprises, Inc ("WEE") During 2011, WEE merged into CHI Additionally, Gateway Health Services Corporation's ("GHS") name changed to WVUH-East Services, Inc ("WES") Also during 2011 WES merged into UPC

CHI is a not-for-profit acute care hospital located in Martinsburg, West Virginia CHI provides inpatient, outpatient, and emergency care services for residents of the eastern panhandle of West Virginia and the surrounding communities

JHF and CHF are not-for-profit corporations formed for the purpose of performing fund raising and other activities that benefit WVUH-East and its controlled entities

JMH is a not-for-profit acute care critical access hospital located in Ranson, West Virginia JMH provides inpatient, outpatient, and emergency care services to the residents of the eastern panhandle of West Virginia and the surrounding communities JMH was designated as a Critical Access Hospital ("CAH") by the Centers for Medicare and Medicaid Services effective December 15, 2005. As a CAH, JMH is reimbursed at 101% of cost by the Medicare program and receives full cost reimbursement by the Medicaid program. In addition, JMH also receives payments for unreimbursed cost for self-pay patients via the State of West Virginia Disproportionate Share program.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

United Hospital Center, Inc ("UHC") is a not-for-profit acute care hospital located in Bridgeport, West Virginia UHC provides inpatient, outpatient, psychiatric, and skilled nursing services for residents of its primary service area, which includes Harrison County, West Virginia and North Central West Virginia UHC is a major referral center in North Central West Virginia's health care system UHC also functions as the parent corporation to an affiliated group of healthcare providing entities. The affiliated organizations include United Health Foundation, Inc ("UHF") and United Summit Center, Inc ("USC")

UHF is a not-for-profit corporation formed for the purpose of performing fund-raising and other activities that benefit UHC and its controlled entities

USC is a not-for-profit corporation formed for the purpose of providing mental health, mental retardation, and related services to residents of Harrison, Braxton, Doddridge, Lewis, Gilmer, Preston, and Marion counties in West Virginia

On March 1, 2011, WVUHS became the sole member of Camden-Clark Health Services, Inc ("CCHS"), a non-profit corporation to serve as part of an integrated health science and healthcare delivery system CCHS serves as the parent corporation to an affiliated group of healthcare providing entities which includes Camden-Clark Medical Center ("CCMC"), Camden-Clark Foundation ("CCF"), Camden-Clark Physician Corporation ("CCPC"), and Family Fitness Center, LLC ("FFC")

CCMC is a not-for-profit acute care hospital located in Parkersburg, West Virginia, CCMC provides inpatient, outpatient, and emergency services for the residents of Wood County and the surrounding communities

CCF is a not-for-profit corporation formed for the purpose of performing fundraising and other activities that benefit CCMC

CCPC is a not-for-profit corporation that operates several physician practices in Wood County

FFC is a single-member limited liability company that operates a fitness center in Wood County

Allied Health Services, Inc ("AHS") is a for-profit corporation engaged in the business of providing laboratory and laundry services

United Physicians Care, Inc ("UPC") is a not-for-profit corporation that operates several family practice clinics in northern West Virginia

West Virginia United Insurance Services, Inc ("WVUIS"), formerly Health Partners Network Services, Inc , is a for-profit corporation formed for the purpose of providing a vehicle through which health maintenance and other managed care organizations, and other purchasers of healthcare, may contract with providers of healthcare services WVUIS negotiates managed care contracts for its affiliates

The Corporation evaluated subsequent events for recognition or disclosure through April 16, 2012, the date the consolidated financial statements were available to be issued

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 2. Significant Accounting Policies

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of WVUHS and its controlled entities, (collectively, the "System") All significant intercompany transactions and balances have been eliminated in consolidation

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

#### Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments purchased with a maturity of three months or less, excluding assets whose use is limited. The market value of cash and cash equivalents approximates cost.

#### Assets Whose Use is Limited

Assets whose use is limited include assets set aside by the Board of Directors (the "Board") for future capital improvements, debt repayment, and WVUH's malpractice self-insurance program, over which the Board retains control and may, at its discretion, subsequently use for other purposes, assets held by bond trustees under a trust indenture, assets held by trustee in connection with other malpractice self-insurance programs, and assets held by UHF

#### Accounts Receivable, Patients

Accounts receivable, patients are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. The allowance for doubtful collections is estimated based upon a periodic review of the accounts receivable aging, payor classifications, and application of historical write-off percentages.

#### Inventories of Drugs and Supplies

Inventories are stated at the lower of cost or market Cost is determined on a first-in, first-out basis

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### **Investments and Investment Risk**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. Cash and cash equivalents are carried at cost which approximates fair value. Investments in hedge funds, private equity funds, and other limited partnerships representing less than 3% ownership are recorded at cost. Investments representing greater than 3% ownership are accounted for under the equity method investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law.

The System's investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair values reported in the consolidated balance sheet are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term

WVUH has an agreement with West Virginia University Foundation, Inc ("WVU Foundation"), an affiliate of the West Virginia University, to manage its board-designated funds WVUH and WVU Foundation's assets are jointly managed in commingled funds. The investment income and realized and unrealized gains and losses are allocated to WVUH based upon its relative ownership of each fund.

#### **Property and Equipment**

Property and equipment acquisitions are recorded at cost. The System provides for depreciation on a straight-line basis over the estimated useful lives of the assets. Such lives, in the opinion of management, are adequate to allocate asset costs over their productive lives. Maintenance, repairs, and minor improvements are expensed as incurred. Equipment under capital leases is amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Depreciation expense, including amortization of equipment under capital leases, was \$88,235,000 in 2011 and \$62,763,000 in 2010.

Net interest costs on borrowed funds in the period of construction of capital assets are capitalized as a component of the cost of those constructed assets. Interest costs capitalized totaled \$332,000 in 2011 and \$11,907,000 in 2010.

Gifts of long-lived assets such as land, buildings, or equipment are recorded at fair value and reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### Impairment of Property and Equipment

Property and equipment are evaluated for impairment whenever events or changes in circumstances indicate the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. If expected cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets.

#### **Restricted Assets Held by Third Parties**

WVU Foundation holds cash and securities which are available for WVUH's purposes, subject to donor restrictions. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose, primarily for capital expenditures. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

WVU Foundation releases assets from restriction and transfers the amounts to WVUH as amounts are expended according to the donor's intended purposes. Amounts released from restriction are recorded as revenues or an increase in unrestricted net assets restricted for purchases of property and equipment.

Under the terms of several perpetual trust agreements, JMH has recorded assets and recognized permanently restricted contributions at the fair market value of its beneficial interest in the perpetual trust assets. Income earned on the trust assets and distributed to JMH is recorded as investment income in the accompanying consolidated statement of operations, unless otherwise restricted by the donor. Subsequent changes in fair values are recorded as valuation gain or loss in permanently restricted net assets.

UHF is one of four designated beneficiaries of a charitable lead trust. In accordance with the terms of the trust, UHF will receive a total of \$3,542,000 payable in 22 annual installments of \$161,000, which began in August 1993. UHF's interest in the trust is carried at the present value of the future cash flows to be received.

In addition, UHF is the designated beneficiary of a charitable lead unitrust. In accordance with the terms of the trust agreement, UHF is to receive ten annual payments equal to a stated percentage of the net fair market value of the trust assets on January 1 of each year. At the end of ten years, the trust is to terminate, and the remaining trust assets are to be distributed to others. Based on a 3.5% discount rate, the present value of the future cash flows expected to be received by UHF was estimated to be \$100,000. This temporarily restricted contribution was recorded in 2006.

#### **Deferred Financing Costs**

Costs incurred in connection with the issuance of long-term debt have been deferred and are being amortized over the term of the debt using the straight-line method, which approximates the effective interest method. Amortization of deferred financing costs amounted to \$582,000 in 2011 and \$264,000 in 2010. In connection with debt refinancings, unamortized deferred financing costs of \$562,000 in 2011 were written off and recorded as a loss on early extinguishment of debt in the consolidated statement of operations.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### Other Investments

Other assets include the System's investment in several entities in which the System has a financial interest. Where the System has the ability to influence management or has a twenty percent but not more than fifty percent interest in the entity, the investment is recorded using the equity method, and adjusted for the System's proportionate share of the entity's undistributed earnings or losses. All other investments in such entities are recorded at cost.

#### **Derivative Financial Instruments**

The System entered into interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate risk on certain long-term debt obligations. The interest rate swap agreements are reported at fair value in the consolidated balance sheet and related changes in fair value are reported in the statement of operations as a change in fair value of derivative financial instruments.

#### **Estimated Malpractice Costs**

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported including costs associated with litigation or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the System's consolidated balance sheet at net realizable value.

#### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity.

#### **Revenues in Excess of Expenses**

The consolidated statement of operations includes the determination of revenues in excess of expenses. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and changes in net unrealized loss on derivative financial instruments designated as cash flow hedges prior to December 31, 2007

#### **Net Patient Service Revenues**

Pursuant to the provisions of the West Virginia Code, the West Virginia Health Care Authority has been empowered to regulate the System hospitals' billing rates from nongovernmental payors through limitation orders compiled from budgets and rate schedules submitted by the System hospitals on a periodic basis

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted, as necessary, in future periods as tentative and final settlements are received. It is reasonably possible that the estimates used could change in the near term

#### **Capitation Payments**

The System has agreements with various health maintenance organizations to provide medical services to subscribing participants. Under these agreements, the System receives monthly capitation payments based on the number of participants, regardless of services actually performed.

#### **Charity Care**

The System provides care to patients who meet certain criteria under its patient financial assistance policy without charge or at amounts less than its established rates. Because the System does not pursue collections of amounts determined to qualify as charity care, they are not reported as patient service revenues.

The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the System amounted to \$35,952,000 in 2011 and \$26,190,000 in 2010.

#### Lease Revenue

The System accounts for its real estate leasing activities as operating leases

#### Contributions

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations.

#### **Advertising Costs**

Advertising costs are expensed as incurred

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### **Federal and State Income Taxes**

WVUHS, WVUH, CCMC, CCF, CCPC, WVUH – East, CHI, CHF, JMH, JHF, UHC, USC, UHF, UPC, and WES are tax-exempt organizations and not subject to federal or state income taxes in accordance with Section 501(c)(3) of the Internal Revenue Code On such basis, they will not incur any liability for income taxes, except for possible unrelated business income

AHS, WVUIS, FFC, JHE and WEE are organizations subject to federal and/or state income taxes

The System accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met Management determined there were no tax uncertainties that met the recognition threshold in 2011 and 2010

The System's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses

All required Federal Business Income Tax Returns for the System have been filed up to, and including the tax year ended December 31, 2010. The System's federal income tax returns for 2008, 2009, and 2010 remain subject to examination by the Internal Revenue Service ("IRS")

Effective June 1, 1993, the legislature of the State of West Virginia enacted a broad-based healthcare related tax. This tax is based upon net patient service revenues of each hospital. The System incurred \$25,313,000 in 2011 and \$18,128,000 in 2010 related to this tax.

#### Reclassifications

Certain reclassifications were made to the 2010 financial statements to conform with the 2011 presentation

#### **New Accounting Standards**

#### **Charity Care**

In August 2010, the Financial Accounting Standards Board ("FASB") issued amended disclosure guidance relating to the measurement of charity care provided. The guidance requires that direct and indirect costs be used as the basis of measurement for charity care disclosure purposes. The guidance also requires disclosure of the method used to identify or determine such costs. The adoption of the amended guidance revised the disclosure in the notes to the System's consolidated financial statements but did not impact amounts reported in the primary consolidated financial statements.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### **Insurance Claims**

In August 2010, FASB issued Accounting Standards Update 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries, which amended guidance relating to the presentation of insurance claims and related insurance recoveries. The guidance clarifies that health care entities may not net insurance recoveries against a related claim liability. In addition, the amount of the claim liability should be determined without consideration of insurance recoveries, if any, should be measured and presented separately within the balance sheet. The adoption of the amended guidance resulted in presenting insurance recoveries and related liabilities on a gross basis in the System's consolidated balance sheet and did not impact net assets.

#### **Provision of Doubtful Collections**

The System will be required to adopt amended guidance related to health care entities which requires a change in reporting the provision for bad debts associated with net service revenues. As a result of this guidance, the provision, which is currently reported as an operating expense in the System's consolidated statement of operations and changes in net assets, will be reported as a deduction from service revenues, net of contractual allowances and discounts. The guidance also enhances required disclosures regarding the policies for recognizing net service revenues and assessing bad debts. In addition, the guidance requires disclosure of net service revenues and qualitative and quantitative information about changes in the allowance for doubtful accounts, both by major payor sources. The amended guidance is effective for the fiscal years ending after December 15, 2012. Adoption of the amended guidance will require retrospective restatement of the statement of operations and changes in net assets and prospective financial statement disclosures.

#### 3. Affiliation and Acquisition

Effective March 1, 2011, CCHS became an affiliate of WUHS through a transfer of sole corporate membership CCHS remains as a separate not-for-profit organization No consideration was paid or received by CCHS to consummate the affiliation

Also effective on March 1, 2011, CCMC acquired the assets of another local hospital to expand its operations. The results from operations are included in the consolidated financial statements subsequent to the affiliation and acquisition dates. On a pro-forma basis, CCHS had total revenues of \$274,069,000 for the year ended December 31, 2010 and \$45,863,000 for the period from January 1, 2011 to February 28, 2011.

The purchase price was \$89,128,000 and was based upon the agreed-upon sale price between CCMC and the sellers. The provisions of the affiliation and acquisition were absent of any significant contingency payments, options, or commitments.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

In accordance with the authoritative guidance, the assets and liabilities of CCHS and the acquired hospital were recorded at the fair market value as of the date of the affiliation and acquisition as follows

	CCHS Affiliation	Hospital Acquisition	Total
		(In Thousands)	
Assets			
Cash and cash equivalents	\$ 13,858	\$ 1	\$ 13,859
Patient accounts receivable	21,311	13,918	35,229
Inventory of drugs and supplies	3,593	3,640	7,233
Prepaid expenses and other current assets	3,266	1,190	4,456
Assets whose use is limited	88,967	-	88,967
Property and equipment	140,166	87,100	227,266
Deferred financing costs	4,169	-	4,169
Other assets	2,886	<u> </u>	2,886
Total assets	278,216	105,849	384,065
Total assets	270,210	105,049	304,003
Less liabilities assumed			
Line of credit	5,000	-	5,000
Estimated third-party payor settlements	3,644	-	3,644
Accounts payable and accrued expenses	9,956	3,623	13,579
Salaries and benefits payable	6,250	998	7,248
Accrued interest payable	167	-	167
Long-term debt	108,577	-	108,577
Estimated medical malpractice claims liability	9,554	-	9,554
Derivative financial instruments	9,822	-	9,822
Pension liability	10,133	-	10,133
Other long-term liabilities	797	<u> </u>	<u>797</u>
Total liabilities	163,900	4,621	168,521
Total	114,316	101,228	215,544
Purchase price		89,128	89,128
Inherent contribution	\$ 114,316	\$ 12,100	\$ 126,416

The classification of the inherent contribution is as follows

	CCHS Affiliation	Hospital Acquisition	Total
		(In Thousands)	
Inherent contribution – unrestricted Inherent contribution – temporarily restricted Inherent contribution – permanently restricted	\$ 113,926 278 112	\$ 12,100 - -	\$ 126,026 278 112
Total	\$ 114,316	\$ 12,100	\$ 126,416

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 4. Net Patient Service Revenues

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A significant portion of the System's net patient service revenues is derived from these third-party payor programs. A summary of the principal payment arrangements with major third-party payors follows.

Medicare - Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. The System is reimbursed for cost reimbursable expenditures at tentative interim rates, with final settlement determined after submission of annual cost reports by the System and audits hereof by the Medicare fiscal intermediary. The System's Medicare cost reports have been settled by the Medicare fiscal intermediary through the respective years as follows.

WVUH	2006
UHC	2006
CHI	2007
JMH	2008
CCMC	2007

Medicaid - Inpatient acute care services rendered to Medicaid program beneficiaries are
paid at prospectively determined rates per discharge. These rates vary according to a
patient classification system that is based on clinical, diagnostic, and other factors
Outpatient services are paid on a published fee schedule.

The State of West Virginia's disproportionate share plan reimburses hospitals in the state that provide Medicaid services and meet other eligibility criteria. Under the disproportionate share program, the System received \$15,530,000 in 2011 and \$15,086,000 in 2010, which is included in net patient service revenues in the consolidated financial statement of operations.

The State of West Virginia increases Medicaid reimbursement to qualified public safety net hospitals (including WVUH) for services to Medicaid-eligible patients. Supplemental payments may be received in an amount up to the difference between current reimbursement and the maximum permissible payments under Upper Payment Limit ("UPL") regulations. The first payment was made in April 2004 and periodic payments have been made subsequent to that date. WVUH received UPL payments of \$22,417,000 in 2011 and \$21,207,000 in 2010 that are included in net patient service revenues. There is risk that Congress may change federal policy in the future in a way that might limit or eliminate these enhanced Medicaid payments. The enhanced UPL payments are recorded in the period in which they are received. The laws and regulations governing the UPL program are complex and subject to interpretation. Furthermore, the enhanced UPL payments received are subject to review and retroactive adjustment. Management is unable to estimate the amount of any such adjustments at this time.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Revenues received under third-party arrangements are subject to audit and retroactive adjustment. The System has included in net patient service revenues favorable adjustments of \$2,468,000 in 2011 and \$7,736,000 in 2010 related to its estimates of the ultimate settlement under these third-party arrangements.

#### 5. Assets Whose Use is Limited

A summary of assets whose use is limited at December 31, 2011 and 2010 is as follows

2011	2010	
(In Thousands)		
\$ 403,878	\$ 315,711	
137,271	121,422	
28,939	29,871	
E70 000	467.004	
570,088	467,004	
68,935	30,883	
19,975	18,858	
13,907	7,172	
400.047	50.042	
102,817	56,913	
672,905	523,917	
(19,837)	(14,410)	
\$ 653,068	\$ 509,507	
	\$ 403,878 137,271 28,939 570,088 68,935 19,975 13,907 102,817 672,905	

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The composition of assets whose use is limited at December 31, 2011 and 2010 is as follows

	20	11		2010
		(In Thousands)		
Cash and cash equivalents	\$ 8	31,073	\$	53,787
Certificates of deposit		2,012		392
U S government and agency obligations	4	19,264		69,671
Marketable equity securities	13	37,869		31,090
Marketable debt securities	<b>1</b> 1	5,887		26,207
Mutual funds				
Domestic equity	6	37,810		107,307
Domestic fixed income	4	18,594		36,671
International equity	2	22,314		54,925
Global bonds	1	8,127		11,601
Alternative investments	12	29,955		132,266
Total	\$ 67	72,905	\$	523,917
1001	<u> </u>	2,303	<u>Ψ</u>	323,317

The total cost of alternative investments was \$124,411,000 and \$137,295,000 at December 31, 2011 and 2010, respectively

Unrestricted investment income, gains, and losses for assets whose use is limited, and cash and cash equivalents are comprised of the following for the years ended December 31, 2011 and 2010

		2011		2010
	(In Thousands)			ds)
Investment (loss) income				
Interest and dividend income	\$	16,003	\$	10,931
Fees		(4,013)		(3,583)
Net realized gains (losses) on sales of securities		10,303		7,421
Change in net unrealized gains and losses on investments other than trading securities		(26,381)		19.489
Write-downs of the cost basis of investments due to an other-than-temporary decline in fair value		(7.094)		10,400
other-than-temporary decline in fail value		(1,094)		
Total	\$	(11,182)	\$	34,258

#### 6. Fair Value Measurements and Financial Instruments

#### **Fair Value Measurements**

The System measures its assets whose use is limited, restricted assets held by third-parties and derivative financial instruments on a recurring basis in accordance with FASB guidance on fair value measurements. The securities were measured with the following inputs at December 31, 2011 and 2010.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

Total

		2011	
	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Total
		(In Thousands)	
Cash and cash equivalents Certificates of deposit U.S. government and government agency obligations Marketable equity securities Marketable debt securities Mutual funds Domestic equity Domestic fixed equity International equity Global bonds	\$ 81,073 - 137,869 - 67,810 48,594 22,314 18,127	\$ - 2,012 49,264 - 115,887	\$ 81,073 2,012 49,264 137,869 115,887 67,810 48,594 22,314 18,127
Restricted assets held by third-parties Derivative financial instruments	11,318	327	11,645
Derivative infancial institutions	<u>-</u>	(64,953)	(64,953)
Total	\$ 387,105	\$ 102,537	\$ 489,642
		2010	
	Quoted Prices in Active Markets (Level 1)	2010 Other Observable Inputs (Level 2)	Total
	Prices in Active	Other Observable	Total
Cash and cash equivalents Certificates of deposit U.S. government and government agency obligations Marketable equity securities Marketable debt securities Mutual funds Domestic equity Domestic fixed equity International equity Global	Prices in Active Markets (Level 1)  \$ 53,787 - 31,090 - 107,307 36,671 54,925 11,601	Other Observable Inputs (Level 2) (In Thousands)  \$ - 392 69,671 - 26,207	\$ 53,787 392 69,671 31,090 26,207 107,307 36,671 54,925 11,601
Certificates of deposit U.S. government and government agency obligations Marketable equity securities Marketable debt securities Mutual funds Domestic equity Domestic fixed equity International equity Global Restricted assets held by third-parties	Prices in Active Markets (Level 1)  \$ 53,787 - 31,090 - 107,307 36,671 54,925	Other Observable Inputs (Level 2) (In Thousands)  \$ - 392  69,671 - 26,207  934	\$ 53,787 392 69,671 31,090 26,207 107,307 36,671 54,925 11,601 12,263
Certificates of deposit U.S. government and government agency obligations Marketable equity securities Marketable debt securities Mutual funds Domestic equity Domestic fixed equity International equity Global	Prices in Active Markets (Level 1)  \$ 53,787 - 31,090 - 107,307 36,671 54,925 11,601	Other Observable Inputs (Level 2) (In Thousands)  \$ - 392 69,671 - 26,207	\$ 53,787 392 69,671 31,090 26,207 107,307 36,671 54,925 11,601

The System did not have any assets whose fair values were measured using Level 3 inputs

\$ 306,710

\$

72,548

\$ 379,258

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### **Fair Value of Financial Instruments**

The carrying amounts reported in the accompanying consolidated balance sheet for cash and cash equivalents, patient accounts receivable, inventory of drugs and supplies, prepaid and other current assets, line of credit, accounts payable and accrued expenses, salaries and benefits payable, accrued interest payable, deferred revenue and estimated third-party payor settlements are recorded at cost, which approximates fair value due to the short term nature of the instruments

The fair value of the System's assets whose use is limited and restricted assets held by third-parties is based on quoted market prices for marketable equities and fixed income securities. For alternative investments, including hedge funds, limited partnerships in real estate, and private equity, fair value is determined by a combination of underlying market value of investment holdings, valuations, and fund manager calculations. The fair value of assets whose use is limited and restricted assets held by third-parties were \$678,734,000 and \$524,778,000 at December 31, 2011 and 2010, respectively

The System also measures its derivative financial instruments at fair value based on proprietary models of an independent third party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and was estimated using the zero-coupon discounting method. This method calculates the future payments required by the derivative financial instruments, assuming that the current forward rates implied by the yield curve are the market's best estimate of future spot interest rates. These payments are then discounted using the spot rates implied by the current yield curve for a hypothetical zero-coupon rate bond due on the date of each future net settlement payment on the derivative financial instruments. The value represents the estimated exit price the System would pay to terminate the agreements.

The fair value of the System's variable rate long-term debt approximates its carrying amount in the accompanying consolidated balance sheet. The fair value of fixed rate long-term debt was estimated using quoted market prices or discounted cash flows analyses based on the System's incremental borrowing rate for debt instruments with comparable maturities. The fair value of the System's long-term debt was \$748,149,000 and \$518,860,000 at December 31, 2011 and 2010, respectively

The change in fair value of derivative financial instruments and change in net unrealized gains and losses on investments is included in revenues in excess of expenses

Notes to Consolidated Financial Statements December 31, 2011 and 2010

## 7. Property and Equipment

Property and equipment and related accumulated depreciation consist of the following at December 31, 2011 and 2010

	2011	2010	
	(In Thousands)		
Land and land improvements Buildings and building improvements Equipment (including equipment under capital lease) Leasehold improvements	\$ 63,079 661,004 734,147 4,707	\$ 39,853 463,500 540,135 4,039	
Total	1,462,937	1,047,527	
Accumulated depreciation	(622,617)	(420,033)	
	840,320	627,494	
Construction in progress	28,998	24,620	
Property and equipment, net	\$ 869,318	\$ 652,114	

## 8. Pledges Receivable

A capital pledge campaign has been undertaken to raise funds in connection with construction of a hospital facility in Bridgeport, West Virginia Pledges related to this campaign have been recorded as temporarily restricted contributions

Pledges receivable are recorded as follows as of December 31

	 2011	 2010
Capital campaign pledges before unamortized discount and allowance for uncollectible pledges	\$ 2,777	\$ 4,021
Unamortized discount	(27)	 (105)
Subtotal	2,750	3,916
Allowance for uncollectible pledges	(360)	 (497)
Net unconditional promises to give	\$ 2,390	\$ 3,419
Amounts due in Less than one year One to five years	\$ 1,346 1,431	\$ 1,521 2,500
Total	\$ 2,777	\$ 4,021

The discount rate used was 0 6% at December 31, 2011 and 2 0% at December 31, 2010

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 9. Pension Plans

WVUH and WVUH-East participate in various defined contribution plans which cover substantially all full-time employees. Employees are eligible to contribute, and WVUH and WVUH-East will match a percentage of their base compensation up to a limit depending on the employee's years of service. Both employee and employer contributions are 100% vested upon entry into the plan for WVUH. Employee contributions are 100% vested upon entry into the plan and employer contributions are vested over a five year period for the WVUH-East plan.

Approximately 2% of WVUH's employees continue to be paid by the State of West Virginia Those employees also participate in a defined contribution pension plan for state employees WVUH reimburses the state for all costs of these employees, including salaries and wages, pension expense, and other related fringe benefits

UHC and UPC provide defined contribution pension plans covering substantially all employees Contributions to the plan are based on a variable percentage, ranging from 2 75% to 9 75% of the participating employees' compensation. Current policy is to fund the amount accrued for pension costs.

UHC's and UPC's Tax Sheltered Annuity Thrift Plans (the "TSA Plans") are deferred compensation plans under Section 403(b) of the Internal Revenue Code All full-time employees are eligible to participate in the TSA Plans All employee elective deferrals made on behalf of such participant shall be invested in a tax deferred annuity contract or custodial account at the employee's direction and vest immediately UHC and UPC do not contribute to the TSA Plans

The System's expense related to these plans amounted to \$12,915,000 in 2011 and \$10,643,000 in 2010

CCMC maintains a noncontributory defined benefit pension plan covering substantially all CCMC's employees

The following table sets forth the change in benefit obligation, the fair value of plan assets, and the amounts recognized in the consolidated balance sheet at December 31, 2011

Change in projected benefit obligation

Projected benefit obligation, beginning of year	\$ 36,754,492
Service cost	954,216
Interest cost	1,702,555
Actuarial loss	7,715,509
Benefits paid	 (1,627,021)
Projected benefit obligation, end of year	45,499,751

Notes to Consolidated Financial Statements December 31, 2011 and 2010

Change in plan assets Fair value of plan assets, beginning of year Actual return on plan assets (net of expense) Employer contributions Benefits paid Administrative expenses	\$	26,621,880 (765,515) 2,480,000 (1,627,021)
Fair value of plan assets, end of year		40,074,233
Funded status at end of year	\$_	(18,790,407)
Accumulated benefit obligation	\$_	40,074,233
The following table sets forth the components of net periodic costs in 2011		
Service cost Interest cost Expected return on plan assets Amortization of actuarial loss	\$	954,216 1,702,555 (1,595,175) 603,440
Net periodic pension cost	\$_	1,665,036

A net loss of \$20,497,385 represents the unrecognized component of net periodic pension cost included in unrestricted net assets at December 31, 2011

An estimated amortization of net loss of \$1,571,328 is expected to be recognized in net periodic pension cost in the next fiscal year

The weighted-average assumptions used in the measurement of CCMC's benefit obligation at December 31, 2011 are as follows

Discount rate	4 32 %
Rate of compensation increase	4 00 %

The weighted-average assumptions used in the measurement of CCMC's net periodic benefit cost for the years ended December 31, 2011 are as follows

Discount rate	5 62 %
Rate of compensation increase	4 00 %
Expected long-term return on plan assets	7 00 %

The basis for determining the overall expected long-term rate of return on assets has been based on the assumption that future real returns will approximate historic long-term rates of return experienced for each asset class in the investment policy statement. Based on this analysis, it was determined that the long-term rate of return should be consistently applied

When determining an appropriate risk tolerance, CCMC examines the financial ability to accept risk within the investment program and its willingness to accept return volatility. Based on these factors, CCMC established a range of investment percentages, by asset type, to which the mix of assets should be generally maintained. When necessary, CCMC will rebalance its investment portfolio within its target allocation.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The composition of plan assets at December 31, 2011 is set forth in the following table

	Quoted Prices in Active Markets (Level 1)	s 	Total		
Cash and cash equivalents Mutual funds, fixed income	\$ 968,998	\$	968,998		
Bond funds	8,937,160		8,937,160		
Mutual funds, equity					
International funds	5,528,365		5,528,365		
Domestic funds	 11,274,821	_	11,274,821		
	\$ 26,709,344	\$	26,709,344		

Cash and cash equivalents and mutual funds are valued at fair value based upon quoted market prices in active markets

There were no level 2 or level 3 investments at December 31, 2011

CCMC expects to contribute \$3,100,000 to its pension plan in 2012

The following benefit payments, which reflect expected future services, as appropriate, are expected to be paid

Years ending December 31	
2012	\$ 1,005,000
2013	1,167,000
2014	1,268,000
2015	1,459,000
2016	1,499,000
2017 - 2021	10.069.000

## 10. Revolving Line of Credit

WVUHS has an unsecured revolving line of credit in the amount of \$30,000,000 Borrowings under the agreement bear interest at LIBOR Plus 1% (1 29% at December 31, 2011) There were borrowings outstanding of \$5,931,100 under this line of credit as of December 31, 2011 There are no borrowings outstanding under this line of credit as of December 31, 2010

CCMS has an unsecured line of credit in the amount of \$5,000,000 Borrowings under the agreement bear interest at 4% There are no borrowings outstanding under this line of credit as of December 31, 2011

Notes to Consolidated Financial Statements December 31, 2011 and 2010

# 11. Long-Term Debt

A summary of long-term debt at December 31, 2011 and 2010 is as follows

	2011 2010		
	(In The	ousands)	
West Virginia Hospital Finance Authority Hospital Revenue Bonds			
Series of 2011, WVUH, CCMC, CHI	\$ 143,935	\$ -	
Series of 2009, WVUH, UHC, CHI, JMH	169,990	170,695	
Series of 2008, WVUH, UHC, CHI, JMH, CHF	146,030	150,430	
Series of 2007, CCMC	24,000	-	
Series of 2006, UHC	78,610	78,610	
Series of 2004, CCMC	89,395	-	
Series of 2003, WVUH	67,600	71,550	
Series of 1998, WVUH	-	30,190	
JMH note payable to United Bank, due in monthly installments of \$16,875 through 2015, including interest at 6.3% Secured by real estate and first lien on all assets of JMH	679	840	
AHS note payable to United Bank, due in principal monthly payments of \$27,381, plus interest of 5 95% through 2015 Secured by real estate and first lien on all assets of AHS	1,229	1,507	
AHS note payable to Centra Bank, due in varying monthly installments through 2029, including interest at 5.75% through April 2011. The interest rate was adjusted to the New York Prime Rate plus 1.8% in May 2011 and every 24 months, thereafter (3.95% at December 31, 2011). Secured by real estate and all assets of AHS.	4,931	5,117	
UHC note payable to BB&T, due in principal monthly payments of \$297,619, plus interest of the higher of 2 9% or LIBOR plus 1 5% (2 9% at December 31, 2011) through 2012 and a lump-sum payment for the balance Secured by certain UHC equipment	16,071	19,643	
Other capital lease obligations	568	282	
Other notes payable	1,182	15_	
Total	737,541	528,879	
Amounts representing net unamortized bond discount	(2,147)	(2,970)	
	735,394	525,908	
Current maturities	(18,892)	(15,268)	
Long-term debt	\$ 716,502	\$ 510,640	

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The scheduled principal repayments as of December 31, 2011 are as follows (in thousands)

Years ending December 31	
2012	\$ 18,892
2013	20,206
2014	20,898
2015	21,523
2016	19,795
Thereafter	 636,227
Total	\$ 737,541

The West Virginia United Health System Obligated Group (the "Obligated Group") consists of WVUH, UHC, CCMC, CHI, JMH, and CHF All members of the Obligated Group are jointly and severally liable for all outstanding obligations of the Obligated Group Long term debt of the Obligated Group consists of the following

#### West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2011

In March 2011 and June 2011, the West Virginia Hospital Finance Authority (the "Authority") issued \$144,865,000 of Hospital Revenue and Hospital Refunding Bonds (the "2011 Bonds") on behalf of the Obligated Group The proceeds of the 2011 Bonds were used to finance the acquisition of St Joseph's Memorial Hospital, refund Series 1998 Bonds, reimburse the costs of various capital improvements and equipment for WVUH, CCMC and CHI, and pay for the costs of issuance The 2011 Bonds have been recorded as long-term debt by WVUH, CCMC, and CHI

The 2011 Bonds include variable rate bonds of \$50,000,000 maturing in 2041 with interest payable on a monthly basis, fixed rate bonds of \$43,935,000 maturing in 2022 and 2026 with interest rates ranging from 3 12% to 3 54%, and variable rate bonds of \$50,000,000 maturing in 2021 and 2041 with fixed rates ranging from 4 00% to 4 95% through 2016, followed by variable rates through maturity dates

#### West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2009

In February 2009 and December 2009, the Authority issued \$171,380,000 of tax-exempt Hospital Revenue Bonds (the 2009 Bonds") on behalf of the Obligated Group The proceeds of the 2009 Bonds were used to refund Series 2003C and Series 2008C Bonds, reimburse the costs of various capital improvements and equipment for WVUH, CHI and JMH, and pay for the costs of issuance The 2009 Bonds have been recorded as long-term debt by WVUH, UHC, CHI, and JMH. The 2009 Bonds include weekly variable rate demand bonds of \$66,585,000 maturing in 2033 with interest payable on a monthly basis, and fixed rate serial bonds of \$103,405,000 maturing in 2039 with interest rates ranging from 4 0% to 5 7%

In August 2003, the Obligated Group entered into an interest rate swap agreement for the 2003 Bonds in order to hedge the LIBOR component of the interest rate on the auction rate bonds. Upon refinancing of the 2003 Bonds, the interest rate swap agreement transferred to the 2009 Bonds. Under the terms of this agreement, the Obligated Group agreed to swap a fixed interest rate payment for a variable interest rate payment based upon 70% of LIBOR (Note 12).

Notes to Consolidated Financial Statements December 31, 2011 and 2010

## West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2008

In August 2008 and September 2008, the Authority issued \$216,180,000 of tax-exempt Hospital Revenue Bonds (the "2008 Bonds") on behalf of the Obligated Group The proceeds of the 2008 Bonds were used to refund Series 2006B, Series 2006C, and Series 2006D auction rate certificates, refund Series 2005 Bonds, fund a debt service reserve fund for Series 2008E, and pay for the costs of issuance. The 2008 Bonds have been recorded as long-term debt by WVUH, UHC, CHI, JMH, and CHF. The 2008 Bonds include daily variable rate demand bonds of \$86,300,000 maturing in 2041 with interest payable on a monthly basis, weekly variable rate demand bonds of \$24,575,000 maturing in 2030 with interest payable on a monthly basis, and fixed rate serial bonds of \$35,155,000 maturing in 2035 with interest rates ranging from 5 375% to 5 625%

In June 2006 and January 2005, the Obligated Group entered into interest rate swap agreements for the 2006 Bonds and 2005 Bonds in order to hedge the LIBOR component of the interest rate on the auction rate bonds. Upon refinancing of the 2006 Bonds and the 2005 Bonds in 2008, the interest rate swap agreements transferred to the 2008 Bonds. Under the terms of these agreements, the Obligated Group agreed to swap a fixed interest rate payment for variable interest rate payments based upon 70% of LIBOR (Note 12).

#### West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2007

In 2007, the Authority received \$24,600,000 in proceeds of West Virginia Hospital Finance Authority Hospital Auction Rate Certificates Improvement Revenue Bonds 2007, Series A (the "2007 Bonds") on behalf of CCHS. The proceeds from the Series 2007 Bonds were used to refund a bank loan, finance the costs of acquisition of certain equipment for the institution, including capitalized interest thereon, and fund a debt service reserve fund and pay the costs of issuing the Series 2007 Bonds. On October 1, 2009, the Supplemental Master Trust Indenture 2009-1 amended and restated the Series 2007 A Note Bonds. This amendment and restatement converted the terms and provisions of the 2007 Series A Auction Rate Certificates to fixed rate bonds. In conjunction with the affiliation with WVUHS on March 1, 2011, the bonds were amended to include CCMC within the Obligated Group. The 2007 Bonds include fixed rate bonds of \$24,000,000 maturing through February 2024 with interest of 2.5%

In 2007, CCHS entered into an interest rate swap agreement for the 2007 Bonds in order to manage its interest rate exposure on the variable rate debt. Under the terms of this agreement, the CCHS agreed to swap a fixed interest rate payment for variable interest rate payments based upon 67% of LIBOR (Note 12). In conjunction with the affiliation with WVUHS on March 1, 2011, the swap agreement was amended to include CCMC within in the Obligated Group.

#### West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2006

In June 2006, the Authority issued \$231,635,000 of tax-exempt Hospital Revenue Bonds (the "2006 Bonds") on behalf of the Obligated Group. The proceeds of the 2006 Bonds were used to finance the acquisition, construction, and equipping of a new hospital facility for UHC, pay interest on the 2006 Bonds for a specified period of time, and pay the costs of issuance. The 2006 Bonds have been recorded as long-term debt by UHC. The 2006 Bonds include serial bonds of \$10,005,000 maturing through June 2020 with interest ranging from 4% to 5% and term bonds of \$68,605,000 maturing through June 2041 with interest ranging from 4.5% to 5.25%

Notes to Consolidated Financial Statements December 31, 2011 and 2010

In June 2006, the Obligated Group entered into interest rate swap agreements for the 2006 Bonds in order to hedge the LIBOR component of the interest rate on the auction rate bonds. Under the terms of these agreements, the Obligated Group agreed to swap a fixed interest rate payment for variable interest rate payments based upon 70% of LIBOR (Note 12)

## West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2004

In 2004, the Authority received \$19,000,000 in proceeds of West Virginia Hospital Finance Authority Hospital Revenue Refunding and Improvement Bonds 2004, Series A, \$19,350,000 in proceeds of West Virginia Finance Authority Hospital Auction Rate Certificates Revenue Refunding and Improvement Bonds, 2004 Series B, and \$57,900,000 in proceeds of West Virginia Hospital Finance Authority Hospital Auction Rate Certificates Revenue Refunding and Improvement Bonds, 2004 Series C on behalf of CCHS. The proceeds from the Series 2004 Bonds were used to refund all the Wood County Building Commission Revenue Bonds, Series 1996, Series 1998, and Series 2003, finance the costs of acquisition of certain equipment for the institution, including capitalized interest thereon, and fund a debt service reserve fund and pay the costs of issuing the Series 2004 Bonds. In conjunction with the affiliation with WVUHS on March 1, 2011, the bonds were amended to include CCMC within the Obligated Group. The 2004 Bonds include variable rate bonds of \$55,400,000 maturing in 2041 with interest payable on a monthly basis, fixed rate bonds of \$18,645,000 maturing in 2019 with interest rates ranging from 3.75% to 5.25%, and weekly variable rate bonds of \$15,350,000 maturing in 2034.

In 2004, CCHS entered into an interest rate swap agreement for the 2004 Bonds in order to manage its interest rate exposure on the variable rate debt. Under the terms of this agreement, the CCHS agreed to swap a fixed interest rate payment for variable interest rate payments based upon 67% of LIBOR (Note 12). In conjunction with the affiliation with WVUHS on March 1, 2011, the swap agreement was amended to include CCMC within the Obligated Group.

## West Virginia Hospital Finance Authority Hospital Revenue Bonds, Series of 2003

In August 2003, the Authority issued \$139,730,000 of tax-exempt Hospital Revenue Bonds (the "2003 Bonds") on behalf of the Obligated Group. The proceeds of the 2003 Bonds were used to finance and reimburse the costs of various capital improvements and equipment for WVUH, redeem Series 1993 and Series 2002 Bonds, establish a debt service reserve fund, and pay for issuance costs. The 2003 Bonds have been recorded as long-term debt by WVUH. The 2003 Bonds include auction rate certificates of \$21,850,000 maturing in June 2016 with interest payable based upon 35-day auction periods, and auction rate certificates of \$45,750,000 maturing in June 2033 with interest payable based upon 35-day auction periods.

In August 2003, the Obligated Group entered into interest rate swap agreements for the 2003 Bonds in order to hedge the LIBOR component of the interest rate on the auction rate bonds. Under the terms of these agreements, the Obligated Group agreed to swap a fixed interest rate payment for variable interest rate payments based upon 70% of LIBOR (Note 12)

Notes to Consolidated Financial Statements December 31, 2011 and 2010

Payments of principal and interest of the 2011 Bonds, 2009 Bonds, 2008 Bonds, 2007 Bonds, 2006 Bonds, 2004 Bonds, and 2003 Bonds, are collateralized by a pledge of revenues of the Obligated Group. The 2009 Bonds are secured by letters of credit totaling \$67,975,000 and expiring in August 2016. The 2008 bonds are secured by letters of credit totaling \$183,108,000 and expiring 2013. The 2006 Bonds and 2003 Bonds are insured by Ambac Assurance Corporation. The master trust indenture includes restrictive covenants requiring the Obligated Group to maintain certain financial ratios. The restrictive covenants include, among other things, minimum insurance coverage, net revenue requirements, average annual debt service requirements, limitations on additional debt, and annual reporting requirements.

The interest rates for the 2003 Bonds of \$21,850,000 are subject to auction rate certificates with seven-day and 35-day auction periods. Interest rates as determined by these auctions are subject to various risks including changes in the credit markets, re-marketing mechanisms, and the potential for failed auctions. The default interest rate for the 2003 Bonds is based upon a formulaic maximum rate which approximates 4% to 5%.

#### 12. Derivative Financial Instruments

The System entered into two interest rate swap agreements (the "2003 Agreements") in connection with the 2003 Bonds on August 20, 2003, in order to hedge the LIBOR component of the interest rate on the auction rate bonds. The 2003 Agreement related to the Series B bonds has a notional value of \$21,850,000, and terminates on June 1, 2016. The 2003 Agreement related to the 2003 Bonds Series C, which transferred to the 2009 Bonds Series A upon the refunding of the 2003 Bonds Series C, has a notional value of \$45,750,000, and terminates on June 1, 2033. The 2003 Agreements are contracts to exchange fixed rate for variable rate payments over the term of the swap agreement without the exchange of the underlying notional amount. As such, they require the System to pay a fixed rate while receiving variable interest rates based upon 70% of LIBOR. The fair value of the 2003 Agreements, which is the amount that the System would pay to terminate the 2003 Agreements, was \$14,747,000 and \$9,054,000 at December 31, 2011 and 2010, respectively, and was based upon information supplied by an independent third party valuation specialist to the 2003 Agreements. No termination payments would be required if the 2003 Agreements are held to maturity

CCHS entered into an interest rate swap agreement (the "2004 Agreement") in connection with the 2004 Bonds in 2004, in order to manage its interest rate exposure on the variable rate 2004 Bonds Series C. In conjunction with the affiliation with WVUHS on March 1, 2011, the swap agreement was amended to include the Obligated Group. The 2004 Agreement related to the Series C bonds has a notional value of \$55,400,000, and terminates on February 15, 2034. The 2004 Agreement is a contract to exchange fixed rate for variable rate payments over the term of the swap agreement without the exchange of the underlying notional amount. As such, they require the System to pay a fixed rate while receiving variable interest rates based upon 67% of LIBOR. The fair value of the 2004 Agreement, which is the amount that the System would pay to terminate the 2004 Agreement, was \$15,597,000 at December 31, 2011, and was based upon information supplied by an independent third party valuation specialist to the 2004 Agreement. No termination payments would be required if the 2004 Agreement is held to maturity.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The System entered into an interest rate swap agreement (the "2005 Agreement") in connection with the 2005 Bonds on January 20, 2005, in order to hedge the cash flows on the auction rate bonds. The 2005 Agreements were transferred to the Series 2008 D bonds when the 2005 bonds were refunded. The 2005 Agreement had an original notional value of \$23,000,000, which reduces with the bond principal. The notional value as of December 31, 2011 and 2010 was \$19,000,000 and \$19,675,000, respectively. This agreement terminates on June 1, 2030. This agreement is a contract to exchange fixed rate for variable rate payments over the term of the 2005 Agreement without the exchange of the underlying notional amount. As such, it requires the System to pay a fixed rate while receiving a variable interest rate of 70% of LIBOR. The fair value of the 2005 Agreement, which is the amount that the System would have to pay to terminate the 2005 Agreement, was \$3,362,000 and \$1,702,000 at December 31, 2011, and 2010, respectively. These values were based upon information supplied by an independent third party valuation specialist to the 2005 Agreement. No termination payments would be required if the 2005 Agreement is held to maturity.

Prior to January 1, 2008, the 2003 Agreements and the 2005 Agreement had been designated as cash flow hedges of variable-rate debt with no hedge ineffectiveness, therefore, changes in the fair value of the swap agreements were recorded as changes in unrestricted net assets. Under the cash flow hedge accounting methodology, the gains or losses recorded as changes in unrestricted net assets were to be reclassified into revenues in excess of expenses upon the sale or termination of the swap agreement.

However, the FASB issued Derivatives Implementation Guidance for accounting for derivatives, which affects the future accounting methodology for cash flow hedges that are not based on a benchmark interest rate. The guidance stipulates that interest rates, which are reset through an auction (remarketing) process, do not qualify as a benchmark rate and therefore the interest rate swap agreement that previously qualified for hedge accounting no longer qualifies. The implementation of this new derivative guidance was applied prospectively and became effective January 1, 2008. At that time, the System began amortizing to income over the remaining term of the swap agreements the accumulated changes in fair value of the interest rate swap agreements recorded at December 31, 2007. Prior to January 1, 2008, changes in fair value of the swap agreements were excluded from revenues in excess of expenses in the accompanying consolidated statement of operations. Changes in the fair value of the swap agreements that occur after December 31, 2007 will be recorded as a component of revenues in excess of expenses in the accompanying consolidated statement of operations.

The unamortized accumulated derivative losses included in unrestricted net assets was \$3,454,000 at December 31, 2011 and \$3,694,000 at December 31, 2010 Amortization of \$240,000 increased the change in fair value of derivative financial instruments in 2011 and 2010

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The System entered into two interest rate swap agreements (the "2006 Agreements") in connection with the 2006 Bonds on June 20, 2006 and June 21, 2006, in order to hedge the LIBOR component of the interest rate on the auction rate bonds. The 2006 Agreements that related to the refunded 2006 bonds were transferred to the respective 2008 Series bonds. The 2006 Agreement related to the 2008 Series B bonds has a notional value of \$40,875,000, and terminates on June 1, 2041 The 2006 Agreement related to the 2008 Series C bonds has a notional value of \$44,925,000, and terminates on June 1, 2041. The 2006 Agreements are contracts to exchange fixed rate for variable rate payments over the term of the 2006 Agreements without the exchange of the underlying notional amount. As such, they require the System to pay a fixed rate while receiving variable interest rates based upon 70% of LIBOR The fair value of the 2006 Agreements, which is the amount that the System would pay to terminate the 2006 Agreements, was \$25,200,000 and \$13,900,000 at December 31, 2011 and 2010, respectively, and was based upon information supplied by an independent third party valuation specialist to the 2006 Agreements. No termination payments would be required if the 2006 Agreements are held to maturity Because hedge accounting was not elected, gains or losses resulting from the change in fair value of the 2006 Agreements are recognized in revenues in excess of expenses

CCHS entered into an interest rate swap agreement (the "2007 Agreement") in connection with the 2007 Bonds in 2007, in order to manage its interest rate exposure on the variable rate bonds. In conjunction with the affiliation with WVUHS on March 1, 2011, the swap agreement was amended to include the Obligated Group. The 2007 Agreement related to the Series A bonds has a notional value of \$23,975,000, and terminates on February 15, 2034. The 2004 Agreement is a contract to exchange fixed rate for variable rate payments over the term of the swap agreement without the exchange of the underlying notional amount. As such, they require the System to pay a fixed rate while receiving variable interest rates based upon 67% of LIBOR. The fair value of the 2007 Agreement, which is the amount that the System would pay to terminate the 2007 Agreement, was \$6,047,000 at December 31, 2011, and was based upon information supplied by an independent third party valuation specialist to the 2007 Agreement No termination payments would be required if the 2007 Agreement is held to maturity.

The notional amount of the swap agreements is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable amount, if any, which may be generated as a result of the swap agreements. Management believes that losses related to credit risk are remote. The net cash paid or received under all of the swap agreements is recognized as an adjustment to interest expense. The System does not utilize interest rate swap agreements or other financial instruments for trading or other speculative purposes.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 13. Temporarily and Permanently Restricted Net Assets

### **Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes as of December 31, 2011 and 2010

	2011			2010		
	(In Thousands)					
Pediatric care	\$	4,324	\$	4,249		
Various healthcare related activities		1,473		1,262		
Purchases of property and equipment		1,103		1,076		
UHF split-interest agreements		534		693		
Hospice care		286		302		
Scholarships and education		393		16		
Total	\$	8,113	\$	7,598		

The System released \$890,000 in 2011 and \$8,828,000 in 2010 of temporarily restricted net assets since the donors' restrictions to provide certain services and to purchase certain property and equipment had been met

## **Permanently Restricted Net Assets**

Permanently restricted net assets consist of the System's beneficial interest in several perpetual trusts held by banks serving as trustee and endowment funds. The terms of the trusts are such that the System receives a portion of the income earned on the trust assets as earned in perpetuity. Trust assets consist primarily of cash and cash equivalents, certificates of deposit, U.S. government and agency obligations, marketable debt and equity securities, and mutual funds. The assets are recorded at their fair value as of December 31, 2011 and 2010 as follows.

	2	2011 2010			
		(In Tho	usand	sands)	
Permanent endowment funds, the income from which is expendable to support various healthcare services and purchase property and equipment  Beneficial interest in perpetual trusts, the income from which is expendable to support charity care and other healthcare	\$	609	\$	489	
services (reported as investment income)		4,745		4,925	
Total	\$	5,354	\$	5,414	

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 14. Operating Leases

The System leases certain equipment and office buildings under the terms of noncancellable operating leases expiring on various dates through 2019. The schedule of future minimum lease payments under these operating leases as of December 31, 2011 is as follows (in thousands).

Years ending December 31		
2012	\$	6,018
2013		4,480
2014		4,189
2015		4,008
2016		3,548
Thereafter		1,841
Total	_\$	24,084

Rental expense on the above leases was \$5,623,000 in 2011 and \$4,615,000 in 2010

#### 15. Medical Malpractice Claims Coverage

The System entities maintain various self-insurance programs for medical malpractice insurance and general liability insurance. These programs require the System entities to deposit funds either into trust funds or other investment accounts, based upon actuarial calculations, sufficient to cover estimated claims.

The System entities operate operates four separate self-insurance programs. These cover WVUH, UHC and its subsidiaries plus UPC, WVUH-East, and CCMC respectively. Medical malpractice and general liability claims are managed by WVUHS and System entity's legal staff WVUHS and the Systems entity's legal staff utilize specialized experts and outside attorneys where such expertise is considered needed.

The self-insurance programs for all four are funded on an occurrence basis and include coverage for both hospital, with the exception of CCMC, and employed physician general and professional liability. In certain cases, specific priors acts periods are included where operating units had claims-made coverage for all or some portion of their exposures at earlier points.

WVUHS maintains a master excess coverage on a claims-made basis with a prior acts date of August 1, 2007 that provides limits of eighty percent of \$20 million of limit per claim on a shared limit basis, with an attachment point of \$15 million any one claim and \$30 million in the annual aggregate. This coverage applies to WVUH, UHC and its subsidiaries and WVUH-East only. The WVUHS master excess policy is with a mutual insurance company and includes a shared savings account. The shared savings account is used to buffer results volatility and is returnable in whole or part to an insured several years after they leave the mutual insurance company. WVUHS' current shared savings account balance is \$424,000. WVUHS has elected not to record this contingent account balance as an asset.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

The self-insurance program for CCMC is also funded on an occurrence basis. CCMC maintains a separate excess coverage on a claims-made basis with a limit of \$10 million and an attachment of \$1 million for general liability and \$5 million for professional liability with prior acts coverage for certain periods of time at varying policy limits and at attachment points that generally increase over time. CCPC maintains separate professional liability coverage for its employed physicians on a claims-made basis with individual limits of liability of \$1 million per claim and \$3 million annual aggregate.

The System's estimated future payments of its asserted and unasserted general and medical malpractice claims liabilities under their self-insurance programs were \$47,764,000 and \$40,590,000 at December 31, 2011 and 2010, respectively. These estimates are based upon actuarially determined estimates of the ultimate costs for known reported claims and claims incurred but not reported under the self-insurance programs. The discount rate used in determining the liabilities was 4% at December 31, 2011 and 4.75% at December 31, 2010.

The System believes it has adequate self-insurance and insurance coverages and accruals for all asserted claims and it has no knowledge of unasserted claims which would exceed its self-insurance and insurance coverages and accruals

#### 16. Workers' Compensation Claims Coverage

Effective July 1, 2008, WVUHS changed from individual workers' compensation policies with "first dollar" coverage to a master policy with a stated per occurrence deductible and a stated deductible aggregate per the following

Policy Year Begins	Insurer	Claim Deductible	Aggregate Deductible
	WV Mutual		
July 2007	(Brick Street)	\$250,000	\$4 5 million
July 2008	AIG Chartis	\$500,000	\$4 5 million
July 2009	AIG Chartis	\$1 million	\$5 0 million
July 2010	AIG Chartis	\$1 million	\$6 0 million
July 2011	AIG Chartis	\$1 million	\$6 0 million

The policies provide statutory workers' compensation limits of liability

WVUHS was required to establish a loss fund with both insurers and to provide a letter of credit to secure the deductible obligation. The two letters of credit total \$4,231,000 and are automatically renewed by the bank every July 1st unless notified 90 days prior to the renewal date. The letter of credit amount for the 2007-08 Brick Street policy year has been reduced once in amount and is expected to be subject to further reductions as the number of claims remaining open for that year declines.

The loss fund is drawn on by the insurer and replenished by WVUHS on request by the insurer with a guideline that the fund shall have a balance of approximately 2 ½ months of average claims payments. The Systems estimated payments of workers' compensation claims liability, included in accounts payable and accrued expenses in the consolidated balance sheet, was \$2,548,000 and \$2,191,000 at December 31, 2011 and 2010, respectively

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 17. Health Insurance Benefits

The System self-insures its employee health insurance coverages under arrangement using contract administrators. The System accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its individual and aggregate stop-loss insurance coverages, based upon data provided by the third-party administrators of the programs and its historical claims experience.

### 18. Related-Party Transactions

WVUH has an agreement with the University to provide a minimum of \$4,000,000 per year in educational expenses for the University's interns and residents and an annual clinical teaching subsidy of not less than \$6,000,000 WVUH also pays the University for other expenses such as state employee salaries, certain utilities, and rents. Total payments, including intern and resident costs made to the University, included in supplies and purchase services in the consolidated statement of operations, were \$50,659,000 in 2011 and \$51,241,000 in 2010.

During 2010, WVUH entered into a Joint Operating Agreement (the "Agreement") with West Virginia University Medical Corporation d/b/a University Health Associates ("UHA") and the University in order to further integrate their mission and purpose, management, clinical activities, and economic and financial activities WVUH and UHA will function as a single strategic and economic unit to be known as WVU Healthcare, while retaining their separate corporate identities. For the twelve months beginning July 1, 2010, the Agreement required a pro rata allocation of the variance between the operating margin and the budgeted operating margin between UHA and WVUH. In subsequent years, the Agreement requires equalization of the operating margin. The allocations resulted in payments to UHA of \$15,026,000 in 2011 and \$675,000 in 2010, included in supplies and purchase services in the consolidated statement of operations. The total payable to UHA, included in accounts payable and accrued expenses in the consolidated balance sheet, was \$4,045,000 and \$675,000 at December 31, 2011 and 2010, respectively The Agreement requires a transfer of 50% of the excess operating margin of WVU Healthcare between 2 5% and 3% and 100% of the excess operating margin greater than 3% to the University's School of Medicine The transfer from WVUH to the University's School of Medicine was \$7,708,000 in 2011 and \$4,544,000 in 2010. The total payable to the School of Medicine was \$3,948,000 and \$4,544,000 at December 31, 2011 and 2010, respectively

WVUH performs certain information technology and other services on behalf of UHA. These services amounted to \$4,377,000 in 2011 and \$4,432,000 in 2010. Included in other receivables is \$744,000 and \$681,000 at December 31, 2011 and 2010, respectively, related to these services.

UHA provides various medical director services and other medical service support to WVUH, WVUH – East, CHI, JMH, and WES. The total expenses for these services, included in supplies and purchased services in the consolidated statement of operations, were \$22,616,000 in 2011 and \$31,821,000 in 2010. UHA also rents space from JMH and WES. Rental income from UHA, included in the other revenues in the consolidated statement of operations, was \$50,000 in 2011 and \$85,000 in 2010. The total payable, included in accounts payable and accrued expenses in the consolidated balance sheet, at December 31, 2011 and 2010 was \$1,064,000 and \$996,000, respectively.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

WVUH, Charleston Area Medical Center, and Cabell Huntington Hospital are members of HealthNet, Inc ("HNET"), an aeromedical transport service company Each member's ownership percentage is 33 1/3% HNET is a West Virginia nonprofit corporation, which the Internal Revenue Service has determined is recognized as exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code HNET's members are required to support HNET to the extent that expenses exceed revenues HNET revenues exceeded expenses by \$2,966,000 in 2011 and \$462,000 in 2010. The excess is distributed to its members during the following fiscal year WVUH received distributions of \$4,000 in 2011 and \$218,000 in 2010. HNET also reimbursed WVUH for operating expenses incurred on its behalf amounting to \$4,969,000 in 2011 and \$6,222,000 in 2010.

#### 19. Concentration of Credit Risk

The System grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid, and various commercial insurance companies. The System maintains allowances for potential credit losses and such losses have historically been within management's expectations.

The mix of receivables at December 31, 2011 and 2010 from patients and third-party payors is as follows

	2011	2010
Medicare Medicaid	26 % 9	21 % 8
Blue Cross Commercial/HMO/Other	15 33	20 33
Patients	17	18
Total	100 %	100 %

The System typically maintains cash and cash equivalents in local banks. Cash and cash equivalents on deposit in each local bank are insured up to \$250,000 on interest bearing accounts. The System maintained deposits in excess of this coverage at December 31, 2011 and 2010.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

#### 20. Commitments and Contingencies

#### Commitments

On April 1, 1988, WVUH and UHA, which owns and operates the Physician Office Center (the "Facility"), adjacent to WVUH's facilities, entered into an Operating Credit Agreement (the "Agreement") To finance the Facility, the West Virginia Hospital Finance Authority has issued \$23,500,000 of tax-exempt Hospital Revenue Bonds (the "Bonds") The Agreement requires WVUH "to loan or otherwise make funds available to UHA to the extent that the revenues of UHA are not sufficient to pay the operating expenses thereof during the period following completion of the Facility until the payment of the bonds in full." To date, WVUH has not been required to advance any funds on behalf of UHA relating to the Agreement The outstanding balance of the Bonds at December 31, 2011 was \$8,815,000

WVUH has commitments for the additional purchase of ownership in limited partnerships of \$36,782,000 at December 31, 2011 over the next ten years

CHI has approved hospital renovations and purchase of new equipment during 2009. The expected cost of the renovations and equipment is \$33,737,000. At December 31, 2011, \$24,700,000 of this amount has been paid out and CHI is committed for \$9,037,000.

CCMC has license agreements through 2020 for a new healthcare information system. The expected cost of the information system is \$26,410,000. At December 31, 2011, \$9,900,000 has been paid and CCMC is committed for \$16,510,000.

#### **Healthcare Industry**

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance that have not been provided for in the accompanying consolidated financial statements, however, the possible future financial effects of this matter on the System, if any, are not presently determinable

#### **Asbestos**

Certain of the System's buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to the demolition and renovation of these buildings. At this time, the System has plans to dispose of a facility which contains this asbestos material, however the fair value of the liability for such asbestos removal is not a material amount and has not been recognized in the accompanying consolidated financial statements. The fair value of the liability for such asbestos removal related to the other facilities (those which the System does not have plans to dispose or renovate) cannot be reasonably estimated at this time. Once these plans are finalized and information becomes available to estimate such a liability, it will be recognized at that time.

Notes to Consolidated Financial Statements December 31, 2011 and 2010

### Disproportionate Share Hospital State Plan

The State of West Virginia Disproportionate Share Hospital State Plan was amended to provide for a settlement process among participating hospitals. The state has not completed a settlement process for the years subsequent to 1996. The Bureau for Medical Services of the State of West Virginia Department of Health and Human Resources has contracted with a third-party vendor to assist with the audit settlement process for the Disproportionate Share Hospital ("DSH") State Plan. The laws and regulations governing the DSH settlement process are complex, involving statistical data from all participating hospitals, and subject to interpretation. Accordingly, the System is not able to estimate the possible loss or gain that could arise upon completion of the DSH settlement process. The results of the resolution of the settlement process could materially impact the System's future results of operations or cash flows in a particular period.

#### 21. Functional Expenses

The System provides general acute care and related services to individuals within its geographic region. Expenses related to providing these services in 2011 and 2010 are as follows.

	2011	2010		
	(In Thousands)			
Healthcare and other related services General and administrative Fundraising	\$ 1,020,977 284,529 1,177	\$ 809,641 183,571 927		
Total	\$ 1,306,683	\$ 994,139		



# Independent Auditors' Report on Supplementary Information

Board of Directors West Virginia United Health System, Inc.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information presented on pages 41 through 48 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Pittsburgh, Pennsylvania

Parente Beard 44C

April 16, 2012

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Balance Sheet
December 31, 2011

(In Thousands)	West Virginia University Hospitals	United Hospital Center	Camden-Clark Medical Center	City Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non- Obligated Group	Eliminations	Total
Assets											
Current Assets											
Cash and cash equivalents	\$ 2,943	\$ 7,744	\$ 4,531	\$ 4,996	\$ 6,901	\$ 941	\$ -	\$ 28,056	\$ 10,955	\$ -	\$ 39,011
Assets whose use is limited	6,148	7,197	5,507	670	161	-	-	19,683	154	-	19,837
Accounts receivable											
Patients, net of estimated allowance for doubtful collections	04.074	04.700	00.044	44.440	5.040			100.005	0.040		470.050
of approximately \$81,027 in 2011	81,274	31,768	33,911	14,442	5,240	-	-	166,635	6,318	-	172,953
Other Affiliates	9,567 6,061	3,194 1,221	1,105 471	848 4,446	723 273	13 15	(2.225)	15,450 9,252	1,655 2,912	(10.164)	17,105
Estimated third-party payor settlements	6,061	1,221	4/1	4,446	2/3	15	(3,235)	9,252	2,912	(12,164)	-
Inventories of drugs and supplies	12,839	3,183	7,273	1,955	362	-	-	25,612	354	-	25,966
Prepaid expenses and other current assets	3,047	2,396	2,427	354	114	50	_	8,388	641	_	9,029
Trepard expenses and other surrent assets	0,047	2,000	2,421								0,020
Total current assets	121,879	56,703	55,225	27,711	13,774	1,019	(3,235)	273,076	22,989	(12,164)	283,901
Assets Whose Use Is Limited											
Board-designated funds											
Funded depreciation	180,456	115,408	72,063	13,113	5,299	12,408	-	398,747	5,131	-	403,878
Debt repayment	137,271	-	-	-	-	-	-	137,271	-	-	137,271
Malpractice self-insurance	25,973		2,966		-	-	-	28,939	-	-	28,939
Under trust indenture, held by trustee	30,294	13,560	15,993	9,079	8	1	-	68,935		-	68,935
Malpractice self-insurance, held by trustee		14,881	-	2,793	731	-	-	18,405	1,570	-	19,975
Foundation investments	5,407							5,407	8,500		13,907
Total	379,401	143,849	91,022	24,985	6,038	12,409	-	657,704	15,201	-	672,905
Less amounts available to satisfy current obligations	(6,148)	(7,197)	(5,507)	(670)	(161)			(19,683)	(154)		(19,837)
Noncurrent portion of assets whose use is limited	373,253	136,652	85,515	24,315	5,877	12,409	-	638,021	15,047	-	653,068
Property and Equipment, Net	224,616	328,225	224,218	51,255	17,206	9,203	-	854,723	14,595	-	869,318
Pledges Receivable, Net	-	-	-	-	-	-	-	-	2,390	-	2,390
Restricted Assets Held by Third-Parties	6,304	-	-	562	5,171	62	(562)	11,537	534	(426)	11,645
Deferred Financing Costs, Net	4,331	2,064	4,739	420	93	21	-	11,668	-	-	11,668
Due from Affiliates	1,350	4,393	-	-	-	-	-	5,743	-	(5,743)	-
Other Assets, Net	7,923	4,615	1,048	3,526	569	908	<u> </u>	18,589	7,414	(789)	25,214
Total assets	\$ 739,656	\$ 532,652	\$ 370,745	\$ 107,789	\$ 42,690	\$ 23,622	\$ (3,797)	\$ 1,813,357	\$ 62,969	\$ (19,122)	\$ 1,857,204

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Balance Sheet
December 31, 2011 (In Thousands)

(in mousands)	West Virginia University Hospitals	United Hospital Center	Camden-Clark Medical Center	City Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non- Obligated Group	Eliminations	<u>Total</u>
Liabilities and Net Assets											
Current Liabilities Line of credit Current maturities of long-term debt Accounts payable and accrued expenses Due to affiliates Estimated third-party payor settlements Salaries and benefits payable Accrued interest payable Current portion of estimated medical malpractice	\$ - 6,224 36,740 927 5,644 25,873 676	\$ - 7,250 6,127 375 1,750 8,736 719	\$ 5,931 2,993 12,611 300 5,106 8,841 862	\$ - 1,188 8,767 3,020 1,607 6,753 42	\$ 621 1,470 1,302 1,052 2,236 132	\$ - 87 217 205 - - 31	\$ - - (3,235) - -	\$ 5,931 18,363 65,932 2,884 15,159 52,439 2,462	\$ 529 3,444 9,270 151 3,272 5	\$ - - (12,164) - -	\$ 5,931 18,892 69,376 - 15,310 55,711 2,467
claims liability Deferred revenue	5,511 654_	3,863 945	584 	670	161	3	<u> </u>	10,789 1,602	387 64		11,176 1,666
Total current liabilities	82,249	29,765	37,228	22,047	6,974	543	(3,235)	175,571	17,122	(12,164)	180,529
Long-Term Debt	211,096	242,988	189,306	52,531	12,104	2,343	-	710,368	6,134	-	716,502
Estimated Medical Malpractice Claims Liability	18,670	7,451	5,742	2,622	628	-	-	35,113	1,475	-	36,588
Derivative Financial Instruments	14,747	25,200	21,643	2,946	417	-	-	64,953	-	-	64,953
Due to Affiliates	-	-	-	-	-	-	-	-	5,743	(5,743)	-
Pension Liability	-	-	18,790					18,790	-	-	18,790
Other Long-Term Liabilities	968	255				78_		1,301	375		1,676
Total liabilities	327,730	305,659	272,709	80,146	20,123	2,964	(3,235)	1,006,096	30,849	(17,907)	1,019,038
Net Assets Unrestricted Temporarily restricted Permanently restricted	405,622 5,807 497	226,993 - 	98,036 - 	27,081 562	17,396 426 4,745	20,100 558 	- (562) 	795,228 6,791 5,242	30,260 1,748 112	(789) (426)	824,699 8,113 5,354
Total net assets	411,926	226,993	98,036	27,643	22,567	20,658	(562)	807,261	32,120	(1,215)	838,166
Total liabilities and net assets	\$ 739,656	\$ 532,652	\$ 370,745	\$ 107,789	\$ 42,690	\$ 23,622	\$ (3,797)	\$ 1,813,357	\$ 62,969	\$ (19,122)	\$ 1,857,204

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Statement of Operations
Year Ended December 31, 2011
(In Thousands)

	West Virginia University Hospitals	United Hospital Center	Camden-Clark Medical Center	City Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non Obligated Group	Eliminations	Total
Unrestricted Revenues, Gains, and Other Support											
Net patient service revenues	\$ 616,807	\$ 234,547	\$ 212,705	\$ 139,177	\$ 49,594	\$ -	\$ (413)	\$ 1,252,417	\$ 41,933	\$ (62)	\$ 1,294,288
Other revenues	33,111	5,413	3,861	3,330	522	1,498	(532)	47,203	29,384	(24,386)	52,201
Total unrestricted revenues, gains, and											
other support	649,918	239,960	216,566	142,507	50,116	1,498	(945)	1,299,620	71,317	(24,448)	1,346,489
Expenses											
Supplies and purchased services	273,863	73,211	98,454	52,615	14,044	753	(945)	511,995	21,966	(15,778)	518,183
Salaries and wages	201,155	85,693	66,095	48,492	16,773	267	-	418,475	42,856	(5,345)	455,986
Employee benefits	49,215	24,643	14,598	13,000	3,774	91	_	105,321	10,714	(1,854)	114,181
Provision for doubtful collections	35,676	24,890	14,419	14,563	6,555	_	_	96,103	1,622	-	97,725
Depreciation and amortization	39,412	22,154	15,702	6,776	2,594	522	_	87,160	2,054	(397)	88,817
Interest	10,025	12,201	6,299	2,225	636	119		31,505	303	(17)	31,791
Total expenses	609,346	242,792	215,567	137,671	44,376	1,752	(945)	1,250,559	79,515	(23,391)	1,306,683
Operating income (loss)	40,572	(2,832)	999	4,836	5,740	(254)	-	49,061	(8,198)	(1,057)	39,806
Other Income (Loss)											
Inherent contribution	_	_	123,489				_	123,489	2,617	(80)	126,026
Change in fair value of derivative financial instruments	(5,924)	(11,300)	(11,821)	(1,463)	(207)	_	_	(30,715)	2,017	(00)	(30,715)
Investment (loss) income	(18,371)	5,336	303	845	98	(337)	_	(12,126)	413	531	(11,182)
(Loss) gain on disposal of property and equipment	101	(416)	-	(512)	(222)	(557)		(1,049)	(634)	526	(1,157)
Loss on refinancing debt	(562)	(410)		(312)	(222)			(562)	(054)	520	(562)
Other, net	(302)	_	-	_	_	-	_	(502)	96	- -	96
Other, het									96		96_
Revenues in excess of (less than) expenses	15,816	(9,212)	112,970	3,706	5,409	(591)	-	128,098	(5,706)	(80)	122,312
Pension Liability Adjustment	-	-	(9,473)	-	-	-	-	(9,473)	-	-	(9,473)
Transfers to the School of Medicine	(7,708)	-	-	-	-	-	-	(7,708)	-	-	(7,708)
Contributions Restricted for Purchases of Property and Equipment	590	-	-	-	116	-	-	706	25	-	731
Net Assets Released from Restrictions Used for Purchase for Property and Equipment	-	-	-	151	-		-	151	-	-	151
Amortization of Fair Value of Derivative Financial Instruments	231	-	-	8	1	-	-	240	-	-	240
Transfers from (to) Affiliates	1,278	(498)	(5,461)	(1,990)	(1)	300		(6,372)	6,372		
Increase (decrease) in unrestricted net assets	\$ 10,207	\$ (9,710)	\$ 98,036	\$ 1,875	\$ 5,525	\$ (291)	\$ -	\$ 105,642	\$ 691	\$ (80)	\$ 106,253

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Statement of Changes in Net Assets
Year Ended December 31, 2011

	West Virginia University Hospitals	United Hospital Center	Camden-Clark Medical Center	Cıty Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non- Obligated Group	Eliminations	Total
Unrestricted Net Assets											
Revenues in excess of (less than) expenses	\$ 15,816	\$ (9,212)	\$ 112,970	\$ 3,706	\$ 5,409	\$ (591)	\$ -	\$ 128,098	\$ (5,706)	\$ (80)	\$ 122,312
Pension liability adjustment	-	-	(9,473)	· -	-		-	(9,473)	-	` -	(9,473)
Transfers to the School of Medicine	(7,708)							(7,708)	-	-	(7,708)
Contributions restricted for purchases of											
property and equipment	590	-	-	-	116	_	-	706	25	-	731
Release from restrictions used for purchase of											
property and equipment	-	-	-	151	-	-	-	151	-	-	151
Amortization of fair value of derivative											
financial instruments	231	-	-	8	1	-		240	-	-	240
Transfers from (to) affiliates	1,278	(498)	(5,461)	(1,990)	(1)	300		(6,372)	6,372		
Increase (decrease) in unrestricted net assets	10,207	(9,710)	98,036	1,875	5,525	(291)		105,642	691	(80)	106,253
Temporarily Restricted Net Assets											
Contributions and grants	-	_	-	-	-	405	-	405	995	_	1,400
Inherent contribution	-	-	-	-	-	-	-	-	278	-	278
Change in value of split-interest agreements	-	-	-	-	-	(154)	-	(154)	13	-	(141)
Decrease in temporarily restricted assets held by											
the West Virginia University Foundation	(132)	-	-	-	-	-	-	(132)	-	-	(132)
Increase in temporarily restricted assets held by											
affiliated foundation			-	250	288	-	(250)	288	-	(288)	-
Net assets released from restrictions						(151)		(151)	(739)		(890)
(Decrease) increase in temporarily restricted											
net assets	(132)	_	-	250	288	100	(250)	256	547	(288)	515
Permanently Restricted Net Assets					(100)			(400)			(400)
Valuation loss	-	-	-	-	(180)	-	-	(180)	-	-	(180)
Inherent contribution	-	-	-	-	-	-	-	-	112	-	112
Increase in permanently restricted assets held by the West Virginia University Foundation	8							8			8
the vvest virginia Oniversity Foundation	8							8			8
(Decrease) increase in permanently restricted											
net assets	8	_	_	_	(180)	_	_	(172)	112	_	(60)
Increase (decrease) in net assets	10,083	(9,710)	98,036	2,125	5,633	(191)	(250)	105,726	1,350	(368)	106,708
Net Assets, Beginning	401,843	236,703		25,518	16,934	20,849	(312)	701,535	30,770	(847)	731,458
Net Assets, Ending	\$ 411,926	\$ 226,993	\$ 98,036	\$ 27,643	\$ 22,567	\$ 20,658	\$ (562)	\$ 807,261	\$ 32,120	\$ (1,215)	\$ 838,166

# West Virginia United Health System, Inc. and Controlled Entities Schedule of Consolidating Information, Balance Sheet December 31, 2010

	Uni	Virginia versity spitals	 United Hospital Center	City Iospital	Men	erson norıal spital	City indation	Elimin	ations	Obl	otal igated roup	Ob	Non ligated Froup	Elimin	ations	 Total
Assets																
Current Assets																
Cash and cash equivalents	\$	16,703	\$ 10,371	\$ 4,508	\$	5,912	\$ 1,874	\$	-	\$	39,368	\$	10,450	\$	-	\$ 49,818
Assets whose use is limited		6,837	6,687	586		146	_		-		14,256		154		-	14,410
Accounts receivable																
Patients, net of estimated allowance for doubtful																
collections of approximately \$54,169 in 2010		71,318	28,076	12,887		4,435	-		-		116,716		3,122		-	119,838
Other		9,375	2,307	1,293		638	16		-		13,629		1,228		-	14,857
Affiliates		4,906	633	2,943		350	16		(1,498)		7,350		2,324		(9,674)	-
Estimated third-party payor settlements		-	-	-		117	-		-		117		-		-	117
Inventories of drugs and supplies		13,610	3,026	1,778		401	-		-		18,815		68		-	18,883
Prepaid expenses and other current assets		3,157	 1,220	 354		105	 42				4,878		505			 5,383
Total current assets		125,906	 52,320	 24,349		12,104	 1,948		(1,498)		215,129		17,851		(9,674)	 223,306
Assets Whose Use is Limited																
Board-designated funds																
Funded depreciation		169,319	115,805	12,423		334	12,767		-		310,648		5,063		-	315,711
Debt repayment		121,422	-	-		-	_		-		121,422		-		-	121,422
Malpractice self-insurance		29,871	-	-		-	-		-		29,871		-		-	29,871
Under trust indenture, held by trustee		5,815	11,544	13,167		355	2		-		30,883		-		-	30,883
Malpractice self-insurance, held by trustee		-	14,712	1,852		652	-		-		17,216		1,642		-	18,858
Foundation investments			 	<u>-</u>			 						7,172			 7,172
Total		326,427	142,061	27,442		1,341	12,769		-		510,040		13,877		-	523,917
Less amounts available to satisfy																
current obligations		(6,837)	 (6,687)	 (586)		(146)	 				(14,256)		(154)			 (14,410)
Noncurrent portion of assets whose																
use is limited		319,590	135,374	26,856		1,195	12,769		-		495,784		13,723		-	509,507
Property and Equipment, Net		230,845	340,658	41,818		17,158	8,204		-		638,683		13,431		-	652,114
Pledges Receivable, Net		-	-	-		-	312		-		312		3,107		-	3,419
Restricted Assets Held by																
Third-Parties		6,428	-	312		5,063	217		(312)		11,708		693		(138)	12,263
Deferred Financing Costs, Net		4,610	2,136	413		98	22		_		7,279		_		_	7,279
-		,	,													.,
Due from Affiliates		426	6,278	-		-	-				6,704		-		(6,704)	-
Other Assets, Net		6,698	 4,878	 850		185	 303				12,914		10,637		(709)	22,842
Total assets	\$	694,503	\$ 541,644	\$ 94,598	\$	35,803	\$ 23,775	\$	(1,810)	\$ 1	,388,513	\$	59,442	\$	(17,225)	\$ 1,430,730

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Balance Sheet
December 31, 2010

_	West Virginia University Hospitals		United Hospital Center	 City Hospital	Jefferson Memorial Hospital	Fo	City undation	Eliminations	Total Obligated Group	Non Obligated Group	Eliminations	Total
Liabilities and Net Assets												
Current Liabilities												
Current maturities of long-term debt	\$ 5,870	\$	7,095	\$ 1,115	\$ 621	\$	87	\$ -	\$ 14,788		\$ -	\$ 15,268
Accounts payable and accrued expenses	31,051		11,386	7,092	1,914		27	-	51,470	3,217	-	54,687
Due to affiliates	530		238	2,020	748		287	(1,498)	2,325	7,349	(9,674)	-
Estimated third-party payor settlements	5,260		1,978	913	-		-	-	8,151	139	-	8,290
Salaries and benefits payable	22,062		7,507	6,142	1,911		-	-	37,622	2,260	-	39,882
Accrued interest payable	597		1,007	194	49		10	-	1,857	-	-	1,857
Current portion of estimated medical												
malpractice claims liability	6,457		3,690	586	146		-	-	10,879	531	-	11,410
Deferred revenue	650		898	 			6		1,554	16		1,570
Total current liabilities	72,477		33,799	18,062	5,389		417	(1,498)	128,646	13,992	(9,674)	132,964
Long-Term Debt	191,742		250,234	47,350	12,725		2,430	-	504,481	6,159	-	510,640
Estimated Medical Malpractice												
Claims Liability	18,324		6,753	2,177	544		-	-	27,798	1,382	-	29,180
Derivative Financial Instruments	9,054		13,900	1,491	211		-	-	24,656	-	-	24,656
Due to Affiliates	-		-	-	-		-	-	-	6,704	(6,704)	-
Other Long-Term Liabilities	1,063	_	255	 			79_		1,397	435		1,832
Total liabilities	292,660	. <u> </u>	304,941	 69,080	18,869		2,926	(1,498)	686,978	28,672	(16,378)	699,272
Net Assets												
Unrestricted	395,415		236,703	25,206	11,871		20,391	_	689,586	29,569	(709)	718,446
Temporarily restricted	5,939		250,705	312	138		458	(312)	6,535	1,201	(138)	7,598
Permanently restricted	489		_		4,925		-	(0.2)	5,414	-,20	(100)	5,414
					.,520				5,111			
Total net assets	401,843	_	236,703	 25,518	16,934	_	20,849	(312)	701,535	30,770	(847)	731,458
Total liabilities and net assets	\$ 694,503	\$	541,644	\$ 94,598	\$ 35,803	\$	23,775	\$ (1,810)	\$ 1,388,513	\$ 59,442	\$ (17,225)	\$ 1,430,730

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Statement of Operations
Year Ended December 31, 2010 (In Thousands)

	West Virginia University Hospitals	United Hospital Center	City Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non Obligated Group	Eliminations	Total
Unrestricted Revenues, Gains, and Other Support										
Net patient service revenues	\$ 583,576	\$ 206,063	\$ 121,230	\$ 44,333	\$ -	\$ (372)	\$ 954,830	\$ 31,797	\$ (105)	\$ 986,522
Other revenues	25,417	3,994	2,577	487	1,305	(438)	33,342	24,535	(19,256)	38,621
Total unrestricted revenues, gains, and										
other support	608,993	210,057	123,807	44,820	1,305	(810)	988,172	56,332	(19,361)	1,025,143
Expenses										
Supplies and purchased services	252,639	69,665	40,554	13,057	824	(810)	375,929	16,653	(12,467)	380,115
Salaries and wages	190,473	80,790	44,474	15,435	174	-	331,346	33,643	(5,111)	359,878
Employee benefits	48,648	23,964	15,119	5,175	56	-	92,962	8,461	(1,773)	99,650
Provision for doubtful collections	34,181	21,348	13,322	6,381	-	-	75,232	2,021	-	77,253
Depreciation and amortization	39,144	15,259	5,124	1,826	495	-	61,848	1,198	(19)	63,027
Interest	9,254	3,041	1,148	280	82_		13,805	411		14,216
Total expenses	574,339	214,067	119,741	42,154	1,631	(810)	951,122	62,387	(19,370)	994,139
Operating income (loss)	34,654	(4,010)	4,066	2,666	(326)	-	37,050	(6,055)	9	31,004
Other Income (Loss)										
Change in fair value of derivative financial instruments	(1,917)	(3,095)	(595)	(84)	-		(5,691)	-	-	(5,691)
Investment income	16,772	12,832	1,253	213	1,737	-	32,807	1,460	(9)	34,258
(Loss) gain on disposal of property and equipment	24	(71)	(110)	(147)	-	-	(304)	(33)	-	(337)
Other, net								(145)		(145)
Revenues in excess of (less than) expenses	49,533	5,656	4,614	2,648	1,411	-	63,862	(4,773)	-	59,089
· · ·								, , ,		(4.544)
Transfers to the School of Medicine	(4,544)	-	-	-	-	-	(4,544)	-	-	(4,544)
Contributions Restricted for Purchases of Property and Equipment	532	-	-	-	-	-	532	-	-	532
Net Assets Released from Restrictions Used for Purchase for Property and Equipment	-	8,327	201	-	-	-	8,528	-	-	8,528
Amortization of Fair Value of Derivative Financial Instruments	231	-	8	1	-	-	240	-	-	240
Transfers from (to) Affiliates	(1,628)	(2,588)	(4,326)	(1,313)			(9,855)	9,855		
Increase (Decrease) in Unrestricted Net Assets	\$ 44,124	\$ 11,395	\$ 497	\$ 1,336	\$ 1,411	\$ -	\$ 58,763	\$ 5,082	\$ -	\$ 63,845

West Virginia United Health System, Inc. and Controlled Entities
Schedule of Consolidating Information, Statement of Changes in Net Assets
Year Ended December 31, 2010
(In Thousands)

	West Virginia University Hospitals	United Hospital Center	City Hospital	Jefferson Memorial Hospital	City Foundation	Eliminations	Total Obligated Group	Non- Obligated Group	Eliminations	Total
Unrestricted Net Assets										
Revenues in excess of expenses	\$ 49,533	\$ 5,656	\$ 4,614	\$ 2,648	\$ 1,411	\$ -	\$ 63,862	\$ (4,773)	\$ -	\$ 59,089
Transfers to the School of Medicine	(4,544)	-	-	-	-	-	(4,544)	-	-	(4,544)
Contributions restricted for purchases of										
property and equipment	532	-	-	-	-	-	532	-	-	532
Release from restrictions used for purchase of										
property and equipment	-	8,327	201	-	-	-	8,528	-	-	8,528
Amortization of fair value of derivative										
financial instruments	231	-	8	1	-	-	240	-	-	240
Transfers from (to) affiliates	(1,628)	(2,588)	(4,326)	(1,313)			(9,855)	9,855		
Increase in unrestricted net assets	44,124	11,395	497	1,336	1,411		58,763	5,082		63,845
Temporarily Restricted Net Assets										
Contributions and grants	-	153	-	-	521	-	674	432	-	1,106
Change in value of split-interest agreements	-	-	-	-	6	-	6	(159)	-	(153)
Increase in temporarily restricted assets held by										
the West Virginia University Foundation	191	-	-	-	-	-	191	-	-	191
Increase in temporarily restricted assets held by										
affiliated foundation	-	-	312	138	-	(312)	138	-	(138)	-
Net assets released from restrictions	-	(8,327)	(201)	-	-	-	(8,528)	(300)	-	(8,828)
Transfer from (to) affiliates	<del>-</del>		201_		(201)					
(Decrease) increase in temporarily restricted										
net assets	191	(8,174)	312	138	326	(312)	(7,519)	(27)	(138)	(7,684)
Permanently Restricted Net Assets										
Valuation gain	-	-	_	329	=	-	329	-	-	329
Increase in permanently restricted assets held by										
the West Virginia University Foundation	9						9			9
Increase (decrease) in permanently restricted										
net assets	9	_	_	329	_	_	338	_	_	338
not ussets										
Increase (decrease) in net assets	44,324	3,221	809	1,803	1,737	(312)	51,582	5,055	(138)	56,499
Net Assets, Beginning	357,519	233,482	24,709	15,131	19,112		649,953	25,715	(709)	674,959
Net Assets, Ending	\$ 401,843	\$ 236,703	\$ 25,518	\$ 16,934	\$ 20,849	\$ (312)	\$ 701,535	\$ 30,770	\$ (847)	\$ 731,458