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DLN: 93493318019114

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form ► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| | | | C Name of organization | g 01-01-2013 , 2013, and ending | 12-31-2013 | | | |
|--------------------------------|--|----------------------------------|--|--|--------------|------------------------|----------|---------------------------|
| _ | | pplicable | West Virginia University Hospitals Inc | c | | D Empl | oyer id | entification number |
| | ress ch | - | Doing Business As | | | 55-0 | 64330 | 04 |
| ┌ Nar | | _ | | | | | | |
| _ | ıal retu | | Number and street (or P O box if m PO Box 8034 Accounting and Finance | all is not delivered to street address) Ro | om/suite | E Teleph | none nui | mber |
| _ | mınate | | | | | (304 |) 598- | 4410 |
| M Am | ended | return | City or town, state or province, cour Morgantown, WV 265068034 | ntry, and ZIP or foreign postal code | | (| , | |
| M App | lication | n pending | Trongantown, TV 2000000 | | | G Gross | receipts | \$ 768,426,057 |
| | | | F Name and address of prir | ncıpal officer | H(a |) Is this a grou | p retur | |
| | | | Albert Wright PresidentCEO PO Box 8131 | | | subordinates | • | ┌ Yes ┌ No |
| | | | Morgantown, WV 26506 | | Н(Ь |) Are all subord | lınates | ☐ Yes ☐ No |
| | | | <u> </u> | | | ıncluded? | | |
| I Ta | k-exem | npt status | 501(c)(3) 501(c)() 4 (| insert no) 4947(a)(1) or 527 | | If "No," attac | h a lıst | (see instructions) |
| J W | ebsite | e:► htt | p //wvuhealthcare com/wvuh/ | | H(c | Group exemp | tion ni | ımber ► |
| K Forn | n of or | ganızatıor | Corporation Trust Associatio | n | LY | ear of formation 1 | 984 | M State of legal domicile |
| | | | | , | | | | WV |
| Pa | rt I | Sum | nmary | | | | | |
| | | | lescribe the organization's mission | | mt | | 6 \ | A// and the augustinding |
| | | wvu no region | ospitais exists to provide a qualit | y healthcare system, including te | rtiary servi | ces, to the citize | ens or v | wv and the surrounding |
| క | | <u></u> | | | | | | |
| 듄 | | | | | | | | |
| Governance | , | Charlet | his hair b C if the average serious di | | | | + - | |
| <u> </u> | 2 | Спеск с | nis box 🖣 If the organization dis | scontinued its operations or dispo | isea or more | e than 25% of it | s net a | ssets |
| | 3 | Number | of voting members of the govern | ing body (Part VI, line 1a) | | | з | 17 |
| Ee≥ | 4 | Number | of independent voting members | of the governing body (Part VI, lin | e 1b) . | | 4 | 15 |
| Activities & | 5 | Total nu | ımber of ındıvıduals employed ın o | calendar year 2013 (Part V, line 2 | 2a) | | 5 | 5,846 |
| ä | 6 | Total nu | ımber of volunteers (estımate ıf n | ecessary) | | | 6 | 598 |
| | 7a ⁻ | Total un | related business revenue from P | art VIII, column (C), line 12 . | | | 7a | 1,306,586 |
| | ь | Net unre | elated business taxable income fi | rom Form 990-T, line 34 | <u> </u> | | 7b | -76,974 |
| | | | | | | Prior Year | | Current Year |
| gi. | 8 | | | ne 1 h) | | 1,873 | ,797 | 2,754,483 |
| i la | 9 | _ | | ne 2g) | | 685,980 | | 711,726,997 |
| Revenue | 10 | | · | (A), lines 3, 4, and 7d) | | 18,204,60 | | 21,888,585 |
| | 11 | | | lines 5, 6d, 8c, 9c, 10c, and 11e (must equal Part VIII, column (A | · — | 34,289 | ,581 | 31,952,596 |
| | 12 | | | | | 740,348 | ,728 | 768,322,661 |
| | 13 | | | IX, column (A), lines 1-3) | | 2,605 | ,126 | 1,243,474 |
| | 14 | Benef | its paid to or for members (Part I | X, column (A), line 4) | | | | 0 |
| ø | 15 | | | ee benefits (Part IX, column (A), li | nes | 290,581 | 787 | 308,159,100 |
| Expenses | 16a | 5-10 Profes | • | column (A), line 11e) | | 290,301 | ,,,,,, | 0 |
| क ≘ | ь | | undraising expenses (Part IX, column (D | | · · | | | |
| Д | 17 | | | lines 11a-11d, 11f-24e) | | 396,405 | 727 | 408,946,993 |
| | 18 | | | st equal Part IX, column (A), line | | 689,592 | | 718,349,567 |
| | 19 | | | 18 from line 12 | | 50,756 | | 49,973,094 |
| ຮኞ | | | <u>'</u> | | | eginning of Curr | | End of Year |
| 8 8 8 8 | | | | | | Year | | End Of Year |
| Not Assets or Fund Balances | 20 | | assets (Part X, line 16) | | | 802,941 322,192 | | 1,052,545,271 |
| 2 B | 21 Total liabilities (Part X, line 26) | | | | | | | 473,649,578 |
| | 22 († 111 | | ssets or fund balances Subtract nature Block | line 21 from line 20 | | 480,749 | ,088 | 578,895,693 |
| Unde my kr prepa | r pena nowled rer ha | alties of dge and as any k | perjury, I declare that I have exa | amined this return, including acco nplete Declaration of preparer (ot | | | | |
| Here | | | ssa McCoy CFOVP of Finance | | | | | |
| | | 1/ | e or print name and title | | | | 1 | |
| | | [7 | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN | |
| Paid | | | Firm's name 🕨 | | ı | Firm's EIN 🕨 | 1 | |
| Pre | | | | | | Dh | | _ |
| معاا | On | Kz 🗀 | Firm's address 🟲 | | | Phone no | | |

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

┌Yes ┌ No

| Form | 990 (| 2013) | |
|------|-------|-----------------------|-----|
| Par | : III | State Check | |
| 1 | Brief | y descr | ıbe |
| WVU | Hospi | tals exis | sts |

| Par | VU Hospitals exists to provide a quality healthcare system, including tertiary services, to the citizens of WV and the surrounding region qually important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the VU Health Sciences Center Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 83,170,205 including grants of \$) (Revenue \$ 119,340,533) Internal Medicine - The internal medicine department of WVJ Hospitals provides comprehensive primary care to adults. Coordinated care is provided for patients in both an outpatient and inpatient setting. Members of the internal medicine department provide a variety of patient care services including checkups for health promotion and disease prevention, pre-employment physicals for all new employees, pre-operative assessments, routine care of common medical illnesses, and ongoing medical management and coordination of care for complex disease states (Code) (Expenses \$ 54,568,305 including grants of \$) (Revenue \$ 63,222,879) Hematology/Oncology - The Hematology and Oncology Department of WVJ Hospitals diagnose and treat all adult malignant disorders and diseases of the blood, including anemia, leukemia, lymphoma, and bleeding problems Our doctors, nurses, and staff offer state-of-the-art care in a personalized and compassionate |
|------------|---|
| 1 | Briefly describe the organization's mission |
| Equa | illy important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the |
| | |
| 2 | |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O |
| 4 | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| 4a | (Code) (Expenses \$ 83,170,205 including grants of \$) (Revenue \$ 119,340,533) |
| | both an outpatient and inpatient setting. Members of the internal medicine department provide a variety of patient care services including checkups for health promotion and disease prevention, pre-employment physicals for all new employees, pre-operative assessments, routine care of common medical illnesses, and |
| | |
| 4b | |
| | |
| | (Color |
| 4 c | (Code) (Expenses \$ 49,958,734 including grants of \$) (Revenue \$ 61,736,998) |
| | 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 fellowship 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. Our services include treatment for spine joint degeneration, musculoskeletal trauma, sports injuries, hand shoulder disorders, pediatrics, and tumors. |
| 4d | Other program services (Describe in Schedule O) |
| ₩ | (Expenses \$ 332,153,461 including grants of \$ 1,243,474) (Revenue \$ 467,426,587) |
| 4e | Total program service expenses ► 519,850,705 |
| | |

| Part IV | Check | dist of | Required | Schedules |
|---------|-------|---------|----------|-----------|
| | | | | |

| | • | | | |
|-----|---|-----|-----|-----|
| _ | 7 11 1 1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 | | 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 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 hospital facilities? If "Yes," complete Schedule H | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20h | Vas | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | No |
| | 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|----|--|----------|-----|--------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 341 | | 163 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| • | gaming (gambling) winnings to prize winners? | 1c | | |
| 3 | 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 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | 100 | N |
| | | | | - ' ' |
|) | If "Yes," enter the name of the foreign country ► | | | |
| | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5с 6а | | N |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | IN |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | N |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | N.I |
| | file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | |
| | Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
|) | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

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

| | ection 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 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 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 | | Νo |
| 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 |
| | 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 | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | in Cod | <u> </u> |
| | | CVCIIC | ie Cou | e.) |
| | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes Yes | No No |

- 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.
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Melissa McCoy CFOVP of Finance PO Box 8059
 Morgantown, WV 26506 (304) 598-4554

| Form 990 | (2013 | |
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an o | heck sofficer (stee) Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------|--|--------|-------|---------------|--------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | (A) Name and Title | (B) A verage hours per week (list any hours | more t | tion (han d on is l | ne l both | oox, an c | heck unless officer stee) | 3 | (C Repor comper from organiza | table nsation the tion (W- | (E) Reportable compensation from related organizations (\ | N- | (F) Estima amount o compens from t | ited fother sation :he |
|--|--|---|-----------------------------------|----------------------------|--------------|--------------|------------------------------------|-----------|---|-------------------------------------|--|-----------|--|---------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC |) | organizati relati organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | • | | | | * | | | | \perp | | |
| c d | Total from continuation sheet Total (add lines 1b and 1c) . | s to Part VII, S | ection A | ١. | • | • | • | - | | 4,433,644 | 525, | 122 | | 397,274 |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) w | l ho receive | | , | <u>- </u> | | ., |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fo on line 1a? <i>If "Yes," complete S</i> | | | | | key • | emplo | yee, • | or highes | t compen | sated employee | 3 | | No |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | 4 | Yes | | | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | anızatıon | or individual for | <u> </u> | | No |
| | ation D. Indonesias Co | who at | | | | | | | | | | | • | |
| 1 | ection B. Independent Co Complete this table for your five | | ensate | d inda | nen | dent | contr | acto | rs that rec | reived mo | re than \$100 00 | 0 of | | |
| | | | | | | | | | | | thin the organiza | | tax year | |
| | compensation from the organization Report compensation for the calendar year ending with or within the organiza (A) Name and business address Description of services | | | | | | | | | | | | (C Comper | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|----------------------------|
| WVU Medical Corp PO Box 740 Morgantown WV 26505 | Medical Services | 2,731,386 |
| Synthes, 1302 Wrights Lane East West Chester PA 19380 | Medical Supplies | 4,282,287 |
| Mayo Collaborative Services Inc 200 SW 1St Street Rochester MN 55905 | Lab Testing | 2,992,676 |
| Natl Marrow Donor Program inc 3001 Broadway Street NE Ste 500 Minneaplois MN 55413 | Medical Supplies | 964,388 |
| Maxit Healthcare Holdings Inc 705 East Main Street Westfield IN 46074 | IT Support | 672,654 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶36

| Part V | 4 + + 1 | Statement o | | nco or note to ==== ! | no in this Dort VIII | | | _ |
|---|---------|---|--|-----------------------|----------------------|--|---|--|
| | | CHECK IT SCHEAL | ule O contains a respoi | nse or note to any li | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 10 | 1a | Federated cam | paigns 1a | 1,800 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | ь | Membership du | es 1b | | | | | |
| 3ra not | | | | | | | | |
| s, (An | C | Fundraising eve | | | | | | |
| Siff Iar | d | Related organiz | rations 1d | | | | | |
| s, (imi | e | Government grants | s (contributions) 1e | 28,666 | | | | |
| ion r S | f | | ons, gifts, grants, and 1f | 2,724,017 | İ | i | | |
| but the | | similar amounts no | | | | | | |
| Ē Ģ | g | 1a-1f \$ | ons included in lines | 560,933 | | | | |
| Sor | h | Total. Add lines | s 1a-1f | 🙀 | 2,754,483 | | | |
| | | | | Business Code | | | | |
| nue | 2a | Patient Service Rev | venue | 900099 | 709,817,915 | 709,817,915 | | |
| ече | ь | Family House | | 900099 | 173,808 | 173,808 | | |
| φH | c | Tuition | | 900099 | 1,084,195 | 1,084,195 | | |
| rwc | d | Archiving MRI PET | Scans | 900099 | 360,811 | 360,811 | | |
| Program Serwice Revenue | e | Medical Command | | 900099 | 219,894 | 219,894 | | |
| ran | f | | im service revenue | 900099 | 70,374 | 70,374 | | |
| rogi | ' | All other progra | iiii service revenue | | 70,374 | 70,374 | | |
| Ъ | g | | s 2a – 2f | | 711,726,997 | Ţ | | |
| | 3 | | ome (ıncludıng dıvıden ar amounts) | | 11,149,961 | | | 11,149,961 |
| | 4 | | tment of tax-exempt bond | | 80,421 | | | 80,421 |
| | 5 | | | ŀ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 590,532 | | | | | |
| | ь | Less rental expenses | 103,396 | | | | | |
| | c | Rental income | 487,136 | | | | | |
| | d | or (loss) Net rental incor | me or (loss) | | 487,136 | | | 487,136 |
| | _ | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 10,658,203 | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | 10,658,203 | | | | | |
| | d | Net gain or (los | s) | | 10,658,203 | | | 10,658,203 |
| enne | 8a | Gross income fevents (not inc | luding | | | | | |
| Other Revenue | | See Part IV, lin | reported on line 1c) e 18 a | | | | | |
| Į. | Ь | | penses b | | | | | |
| ٠ | C | | loss) from fundraising | events 🛌 | | | | |
| | 9a | Gross income f See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | С | | (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inv | entory | | | | |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | UML Lab Fees | | 621500 | 1,306,586 | | 1,306,586 | |
| | ь | O utpatient Pha | rmacy | 900099 | 19,566,132 | | | 19,566,132 |
| | С | Cafeteria | | 900099 | 5,351,299 | | | 5,351,299 |
| | d | All other revenu | ue | | 5,241,443 | † | | 5,241,443 |
| | e | Total. Add lines | s 11a-11d | 🕨 | 31,465,460 | | | |
| | 12 | Total revenue. | See Instructions . | 🕨 | | | | |
| | I | | | | 768,322,661 | 711,726,997 | 1,306,586 | 52,534,595 |

| | , |
|-------------|--|
| Part IX | Statement of Functional Expenses |
| Section 50: | 1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) |

| | Check if Schedule O contains a response or note to any line in this | Part IX | | | <u> Г</u> |
|----|---|--------------------------------|---|---|--|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 1,243,474 | 1,243,474 | | |
| 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 | 3,647,519 | | 3,647,519 | |
| 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 | 241,607,702 | 201,518,167 | 39,841,183 | 248,352 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,791,824 | 5,587,496 | 1,204,328 | |
| 9 | Other employee benefits | 37,516,532 | 30,978,740 | 6,387,478 | 150,314 |
| 10 | Payroll taxes | 18,595,523 | 15,298,161 | 3,297,362 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 779,732 | 779,732 | | |
| b | Legal | 591,276 | 25 | 591,251 | |
| C | Accounting | 157,841 | | 157,841 | |
| d | Lobbying | 94,637 | | 94,637 | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 3,632,837 | | 3,632,837 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 50,950,698 | 16,561,142 | 34,379,950 | 9,606 |
| 12 | Advertising and promotion | 1,102,617 | 16,318 | 967,085 | 119,214 |
| 13 | Office expenses | 31,949,154 | 19,953,277 | 11,893,901 | 101,976 |
| 14 | Information technology | 1,088,705 | 160,309 | 928,396 | 101,570 |
| 15 | Royalties | 0 | 223,233 | , | |
| 16 | Occupancy | 8,639,373 | 216,707 | 8,422,666 | |
| 17 | Travel | 1,382,902 | 695,291 | 653,692 | 33,919 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 4,726 | | | 4,726 |
| 20 | Interest | 8,801,374 | | 8,801,374 | |
| 21 | Payments to affiliates | 42,769,166 | | 42,769,166 | |
| 22 | Depreciation, depletion, and amortization | 42,088,870 | 21,676,262 | 20,412,608 | |
| 23 | Insurance | 3,520,295 | 1,407,944 | 2,112,351 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Provision for Doubtful Accounts | 42,036,172 | 42,036,172 | | |
| b | Medical Supplies | 146,215,416 | 146,215,416 | | |
| С | Taxes, Licenses Fees | 19,938,636 | 14,339,326 | 5,599,310 | |
| d | Association Dues | 1,640,046 | 113,226 | 1,192,354 | 334,466 |
| е | All other expenses | 1,562,520 | 1,053,520 | 286,540 | 222,460 |
| 25 | Total functional expenses. Add lines 1 through 24e | 718,349,567 | 519,850,705 | 197,273,829 | 1,225,033 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| Pai | rt X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------|----------|--|--------------------------|----------------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 3,800 | 1 | 3,800 |
| | 2 | Savings and temporary cash investments | 7,888,625 | 2 | 12,619,005 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 108,242,976 | 4 | 108,275,910 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | _ | |
| Š | _ | | | 6 | |
| AS | 7 | Notes and loans receivable, net | 44.440.007 | 7 | 11,000,011 |
| | 8 | Inventories for sale or use | 14,446,937 | 8 | 14,239,211 |
| | 9 | Prepaid expenses and deferred charges | 9,638,911 | 9 | 10,691,481 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 580,301,762 | | | |
| | Ь | Less accumulated depreciation | 211,232,274 | 10c | 218,449,988 |
| | 11 | Investments—publicly traded securities | 281,231,900 | 11 | 500,336,741 |
| | 12 | Investments—other securities See Part IV, line 11 | 134,647,000 | 12 | 124,061,500 |
| | 13 | Investments—program-related See Part IV, line 11 | 3,190,806 | 13 | 1,704,190 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 32,418,687 | 15 | 62,163,445 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 802,941,916 | 16 | 1,052,545,271 |
| | 17 | Accounts payable and accrued expenses | 81,792,566 | 17 | 84,562,009 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 393,022 | 19 | 566,111 |
| | 20 | Tax-exempt bond liabilities | 195,558,208 | 20 | 348,648,979 |
| Ø. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilitie | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| ge Ge | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule | | | |
| | | D | 44,449,032 | 25 | 39,872,479 |
| | 26 | Total liabilities. Add lines 17 through 25 | 322,192,828 | 26 | 473,649,578 |
| ş e | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34. | | | |
| ğ | 27 | Unrestricted net assets | 474,445,103 | 27 | 570,537,459 |
| <u> </u> | 28 | Temporarily restricted net assets | 5,807,056 | 28 | 7,779,932 |
| | 29 | Permanently restricted net assets | 496,929 | 29 | 578,302 |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| ō | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| √ | 33 | Total net assets or fund balances | 480,749,088 | 33 | 578,895,693 |
| Š | 34 | Total liabilities and net assets/fund balances | 802,941,916 | | 1,052,545,271 |
| | <u> </u> | rotar natincies and net assets/fulla balances | 002,341,310 | J 4 | 1,002,040,271 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | F |
|-----|---|-----------|----|-------|---------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 768,3 | 322,661 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 718,3 | 349,567 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 49,9 | 973,094 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 480,7 | 749,088 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 51,8 | 384,441 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -3,7 | 710,928 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 578,8 | 395,693 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . \sqsubset |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | n | | | |
| 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? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | | |

Software ID: 13000230 **Software Version:** 13.6.0.0

EIN: 55-0643304

Name: West Virginia University Hospitals Inc

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

| 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 per week (list any hours for related | Posit more the perso and a | ion (e nan o n is b | ne b oth ctor/ | ox, ι an o ⁄trus | inless fficer tee) | | (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 |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | _,, | related organizations |
| Bruce McClymonds | 49 00 | х | | х | | | | 895,490 | 0 | 121,285 |
| CEO Gordon Gee PhD | 3 00 1 00 | × | | x | | | | 0 | 0 | 0 |
| Chairperson Charles Wisilosky | 42.00 | | | | | | | 0 | 0 | 0 |
| Employee Rep/House Supervisor | 42 00 | x | | | | | | 84,655 | 0 | 19,248 |
| Christopher Colenda MD Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| Arif Sarwari MD | 1 00 | × | | | | | | 0 | 0 | 0 |
| Director Bruce Sparks | 1 00 | | | | | | | | | Ů |
| Vice Chairperson |] | Х | | Х | | | | 0 | 0 | 0 |
| Tom Heywood Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| Narvel Weese | 1 00 | х | | | | | | 0 | 0 | 0 |
| Director Art Ross MD | 1 00 | X | | | | | | 0 | 0 | 0 |
| Director Julie Smith PhD | 1 00 | | | | | | | | | |
| Director Bill Stone | 1 00 | X | | | | | | 0 | 0 | 0 |
| Treasurer | | Х | | Х | | | | 0 | 0 | 0 |
| Joanne Conroy MD Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| Walter Washington Director | 1 00 | × | | | | | | 0 | 0 | 0 |
| Robert Walker MD | 1 00 | х | | | | | | 0 | 0 | 0 |
| Director Cleo Mathews | 1 00 | X | | | | | | 0 | 0 | 0 |
| Director Diane Lewis | 1 00 | , | | | | | | | | |
| Secretary Betty Shelton PhD | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Director | | Х | | | | | | 0 | 0 | 0 |
| Mary Jo Shanan CFO/VP Finance | 35 00 15 00 | | | х | | | | 409,520 | 0 | 836 |
| Richard King | 35 00 | | | х | | | | 222,686 | 95,437 | 16,237 |
| VP Information Technology Robert O'Neil | 15 00 | | | | | | | | | |
| VP Legal Services | 50 00 | | | Х | | | | 0 | 429,685 | 30,231 |
| Stephen Tancın VP Ancıllary Services | 48 00 | | | х | | | | 300,228 | 0 | 28,644 |
| Gary Murdock VP Planning/Marketing | 50 00 | | | х | | | | 280,715 | 0 | 34,644 |
| Melanie Davies | 25 00 | | | х | | | | 235,607 | 0 | 16,298 |
| VP of Corporate Compliance Dorothy Oakes | 25 00 49 00 | | | Х | | | | 356,795 | 0 | 7,231 |
| VP Nursing Services Charlotte Bennett | 47 00 | | | | | | | | | |
| VP Human Resources |] | | | Х | | | | 328,136 | 0 | 19,065 |

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 per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|---------------------|--------|---|---|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| Frank Briggs | 40 00 | | | х | | | | 244,016 | 0 | 31,354 |
| VP of Quality Patient Safety | | | | | | | | | | |
| Taylor Troischt | 40 00 | | | | | х | | 231,662 | 0 | 17,672 |
| Physician | | | | | | | | | | |
| Thomas McNeely Physician | 40 00 | | | | | х | | 210,007 | 0 | 16,160 |
| Carol Game | 40 00 | | | | | | | | | |
| Caloi Gaine | 40 00 | | | | | x | | 206,469 | 0 | 18,774 |
| Pharmacy Director | | | | | | | | , | | <u> </u> |
| Shawn Long | 40 00 | | | | | Х | | 217,958 | 0 | 613 |
| Physician | | | | | | | | | | |
| David Flynn | 40 00 | | | | | × | | 209,700 | 0 | 18,982 |
| Pharmacy Director | | | | | | | | <u> </u> | | , |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318019114

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

Open to Public Inspection

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

| organi | zation | | (described on lines 1-9 above or IRC section (see instructions)) | col (i) lisi your gove docume Yes | rnıng | in col (i) o suppor | ' | col (i) org in the U | | support | | |
|-----------------|--|----------------------------|--|--|----------------|-------------------------|----------------------|-------------------------|---------------|---------------------------|--|--|
| (i) Na suppo | orted | (ii) EIN | (iii) Type of organization | (iv) Is to organizati | on in | (v) Did you the organiz | zation | (vi) Is organizat | ion in | (vii) A mount of monetary | | |
| h | | | ng information about | | | | | | | <u> </u> | | |
| | | | lled entity of a perso | | | above? | | | 11g(| | | |
| | | • | er of a person descri | | _ | | | | 11g | | | |
| | | | governing body of th | | | _ | | | 11g | | | |
| | | g persons? erson who di | rectly or indirectly o | ontrols, eith | eralone ort | together with | persons des | scribed in (ii) | | Yes No | | |
| g | Since A | ugust 17, 2 | 2006, has the organi | zation accep | ted any gift | or contributi | on from any | of the | | • | | |
| f | If the o check t | | received a written de | etermination | from the IR | S that it is a | Type I, Typ | e II, or Type | III supporti | ing organization, — | | |
| e | other th section | nan foundatı 509(a)(2) | ox, I certify that the on managers and otl | her than one | or more pub | olicly support | ed organızat | tions describ | ed in sectioi | n 509(a)(1) or | | |
| | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated | | | | | | | | | | | |
| 10 11 | | | ganized and operated | | | | | | o carry out t | the nurnoses of | | |
| – | | | janization after June | | | | | | | | | |
| | • • | _ | oss investment inco | | | | • | | tax) from bu | isinesses | | |
| | | | ities related to its ex | | | | | | | | | |
| 9 | | | at normally receives | | | | | outions, mem | bership fees | , and gross | | |
| 8 | 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) | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| <i>3</i> | | | A)(iv). (Complete P | | : 01 UIIIVEISI | cy owned or o | peraceu by c | a governmen | tar unit uest | .nibeu III | | |
| 5 [| hospita | l's name, ci | ty, and state erated for the benefi | t of a college | or universi | ty owned or o | perated by a | agovernmen | tal unit desc | ribed in | | |
| 4 | | | n organization operat | ted ın conjun | ction with a | hospital des | cribed in sec | tion 170(b)(| 1)(A)(iii). E | nter the | | |
| 3 🔽 | | | perative hospital se | | | | n 170(b)(1) | (A)(iii). | | | | |
| 2 | | - | in section 170(b)(1 | | | | | -,(-,(-, | | | | |
| 1 F | | - | on of churches, or as | • | | - | · · | - | | | | |
| Part I | | | blic Charity Starte foundation because | | | | | | istructions | • | | |
| Dovt T | Done | on for Du | blic Charity Sta | **** / A II | | must som | alata this n | 55-06433 | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2013 | | | | | | | Page 2 |
|-----|---|--------------------------|--------------------|----------------------|---------------------|------------------|----------|------------------|
| Pa | Support Schedule for (Complete only if you c Part III. If the organiza | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation fail | ed to q | |
| | ection A. Public Support | tion rails to qu | ality under the | tests listed bei | ow, please con | ipiete Pa | <u> </u> | |
| | endar year (or fiscal year beginning | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 012 | (f) Total |
| | in) 🏲 | (a) 2009 | (B) 2010 | (6) 2011 | (d) 2012 | (e) 2 | .013 | (I) Fotal |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not include any "unusual | | | | | | | |
| | grants ") | | | | | | | |
| 2 | Tax revenues levied for the | | | | | | | |
| | organization's benefit and either | | | | | | | |
| | paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| _ | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | | |
| | line 4 | | | | | | | |
| | ection B. Total Support | | | | | 1 | | T |
| Cal | endar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 013 | (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 Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part IV) Total support (Add lines 7 through | | | | | | | |
| 11 | 10) | | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | | | 12 | | |
| 13 | First five years. If the Form 990 is f | or the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | 501(c)(| 3) organ | ızatıon, check |
| | this box and stop here | | | | | | <u></u> | <u></u> |
| | ection C. Computation of Pub | | | 4.4 1 (6) | | | | |
| 14 | Public support percentage for 2013 | , | | 11, column (f)) | | 14 | | 0 % |
| 15 | Public support percentage for 2012 | Schedule A, Pai | t II, line 14 | | | 15 | | |
| 16a | 33 1/3% support test—2013. If the o | _ | | • | ine 14 is 33 1/3% | or more, | check th | |
| h | and stop here. The organization qual 33 1/3% support test—2012. If the o | | | | and line 15 is 33 | 1/30% or | more ch | ► F |
| | box and stop here. The organization | | | | , and fine 15 is 55 | 1/3/0 01 | nore, en | ► F |
| 17a | 10%-facts-and-circumstances test- | -2013. If the org | anızatıon dıd not | check a box on li | | | | , |
| | is 10% or more, and if the organizat | | | | | | | |
| | in Part IV how the organization mee organization | ts the "facts-and | a-circumstances | test The organi | zation qualifies as | s a public | ıy suppo | orted ► |
| ь | 10%-facts-and-circumstances test- | -2012. If the ora | anization did not | check a box on li | ne 13, 16a. 16b. (| or 17a. a | nd line | -1 |
| _ | 15 is 10% or more, and if the organ | ızatıon meets th | e "facts-and-cırc | umstances" test | , check this box a | nd stop h | nere. | |
| | Explain in Part IV how the organizat | ion meets the "f | acts-and-circum | stances" test Th | e organization qu | alıfıes as | a public | |
| 18 | supported organization Private foundation. If the organizati | on did not chack | rahovonlina 12 | 16a 16h 17a | or 17h chack the | s hav and | 1 500 | ► □ |
| 13 | instructions | on ala not check | Ca box on fine 13 | , 10u, 10b, 17a, | or 170, check till: | S DOX GIIC | , 300 | ▶ ┌ |

Schedule A (Form 990 or 990-EZ) 2013 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 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) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 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 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 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 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 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15

| | abile support personage for 2015 (init of column (i) arrived by init 15) column (ii) | 1.5 | 0 70 |
|----|--|-----|------|
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |
| S | ection D. Computation of Investment Income Percentage | | |
| 17 | Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |
| | | | · |

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. 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 | Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|-------------------------|-------------|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| Retu | ırn Reference | Explanation | | | | | | |
| | | Schodulo A / Form 000 o | 000 E7) 201 | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE C

Department of the Treasury

Internal Revenue Service

DLN: 93493318019114

OMB No 1545-0047

Political Campaign and Lobbying Activities (Form 990 or 990-EZ)

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

| | me of the organization st Virginia University Hospitals Inc | | | Employer iden | tification number |
|----|--|--|--|--|---|
| | | | | 55-0643304 | |
| ar | I-A Complete if the or | ganization is exempt unde | r section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of the oi | ganızatıon's dırect and ındırect pol | itical campaign ac | tivities in Part IV | |
| 2 | Political expenditures | | | ► | \$ |
| 3 | Volunteer hours | | | | |
| ar | t I-B Complete if the or | ganization is exempt unde | r section 501(| (c)(3). | |
| 1 | • | e tax incurred by the organization | | | \$ |
| 2 | Enter the amount of any excis | e tax incurred by organization man | agers under sectio | on 4955 ► | \$ |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4 | 720 for this year? | | ┌ Yes ┌ No |
| 4a | Was a correction made? | | | | ┌ Yes ┌ No |
| ь | If "Yes," describe in Part IV | | | | |
| ar | t I-C Complete if the or | ganization is exempt unde | r section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount directly exp | ended by the filing organization for | section 527 exem | pt function activities 🕨 | \$ |
| 2 | Enter the amount of the filing exempt function activities | organization's funds contributed to | other organization | s for section 527 | \$ |
| 3 | Total exempt function expend | tures Add lines 1 and 2 Enter he | re and on Form 112 | 20-POL, line 17b ► | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | ☐ Yes ☐ No |
| 5 | organization made payments amount of political contributio | nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC) | the amount paid fr d directly delivered | om the filing organization's f I to a separate political orga | funds Also enter the inization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |

| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|---|---------------------------|----------------------------------|-----------------------------|--|-------------------------------------|
| Pä | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Doub TV an | - h - 66:1: - h - d | | a adduses FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | iist in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | l" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| La | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influence a legisl | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | o) | | Γ | | |
| d | O ther exempt purpose expenditures | | | Γ | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount is columns | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ue 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | havè to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera ⊤ | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| C | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | | (a | 1) | (b) | |
|---|--|-----|----|--------|--|
| | ctivity. | | 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? | | Νo | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | | |
| С | Media advertisements? | | Νo | | |
| d | Mailings to members, legislators, or the public? | | Νo | | |
| e | Publications, or published or broadcast statements? | | Νo | | |
| f | Grants to other organizations for lobbying purposes? | | Νo | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 3,648 | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | | |
| i | Other activities? | Yes | | 90,989 | |
| j | Total Add lines 1c through 1i | | | 94,637 | |
| 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 | | Ī | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

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

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

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

- 1 Dues, assessments and similar amounts from members 1
- 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| II-B 1g | 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 2013 the CEO spent 12 hours of time lobbying. |
| II-B 1ı | Per estimates provided by the American Hospital Association, 23 65 of the 2013 dues were to allocated to lobbying expense. The WV Hospital Association estimates that during 2013, 14 4 of the dues paid should be allocated to lobbying expense. Fees paid to a public relations company during 2013 that should be allocated to lobbying totaled 36,100. |
| | |
| | |
| | |
| | |
| | |

2a

2b

2c

3

4

5

| 201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3 | i age -i | |
|--|---------------------|--|
| Part IV Supplemental Information | | |
| Return Reference | Explanation | |
| | | |
| | | |
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Schedule D (Form 990) 2013

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

DLN: 93493318019114

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

| lai Revenue Service | tructions is at www.irs.gov/roimsso. | Inspec | uon |
|---|--|--|-----------|
| ame of the organization est Virginia University Hospitals Inc | | Employer identification number 55-0643304 | er |
| organizations Maintaining Donor organization answered "Yes" to Form | | | te if the |
| | (a) Donor advised funds | (b) Funds and other accou | unts |
| Total number at end of year | | | |
| Aggregate contributions to (during year) | | | |
| Aggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and donor a funds are the organization's property, subject to t | | onor advised Yes | ┌ No |
| Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit? | | | ┌ No |
| rt II Conservation Easements. Comple | te if the organization answered "Yes" | to Form 990, Part IV, line 7. | |
| Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space | ation or education) Preservation of a | an historically important land area a certified historic structure | |
| Complete lines 2a through 2d if the organization heasement on the last day of the tax year | ield a qualified conservation contribution in | the form of a conservation | |
| | | Held at the End of the | Year |
| Total number of conservation easements | | 2a | |
| Total acreage restricted by conservation easeme | nts | 2b | |
| Number of conservation easements on a certified | historic structure included in (a) | 2c | |
| Number of conservation easements included in (c historic structure listed in the National Register |) acquired after 8/17/06, and not on a | 2d | |
| Number of conservation easements modified, tran | nsferred, released, extinguished, or termina | ted by the organization during | |
| the tax year 🛌 | | | |
| Number of states where property subject to conse | ervation easement is located ► | | |
| Does the organization have a written policy regard enforcement of the conservation easements it hol | | ndling of violations, and Yes | ┌ No |
| Staff and volunteer hours devoted to monitoring, i | nspecting, and enforcing conservation eas | ements during the year | |
| A mount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation easemer | nts during the year | |
| ▶ \$ | <u>_</u> , | <u> </u> | |
| Does each conservation easement reported on lir and section 170(h)(4)(B)(II)? | ne 2(d) above satisfy the requirements of s | ection 170(h)(4)(B)(i) | ┌ No |
| In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's financi | | |
| Complete of the organization answere | | , or Other Similar Assets. | |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr | assets held for public exhibition, education | n, or research in furtherance of pub | |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | AS 116 (ASC 958), to report in its revenu assets held for public exhibition, education | e statement and balance sheet | lıc |
| (i) Revenues included in Form 990, Part VIII, lin | e 1 | ► \$ | |
| (ii) Assets included in Form 990, Part X | | ▶ \$ | |
| If the organization received or held works of art, he following amounts required to be reported under S | | for financial gain, provide the | |
| Revenues included in Form 990, Part VIII, line 1 | | ► \$ | |
| | | . . | |
| Assets included in Form 990, Part X | | F \$ | |

| Part | Organizations Maintaining Collections | of Art, Hi | stori | cal Treas | sures, or Othe | er Similar Ass | ets (continued) |
|--------------|--|-------------------|--------|-------------------------------|--------------------------------|------------------------------|--------------------------|
| 3 | Using the organization's acquisition, accession, and oth collection items (check all that apply) | ner records, c | heck | any of the fo | ollowing that are | a significant use o | of its |
| а | Public exhibition | d | Γ | Loan or ex | change program | s | |
| b | Scholarly research | е | Γ | Other | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's collections a Part XIII | nd explain ho | w the | y further the | e organızatıon's e | xempt purpose in | |
| 5 | During the year, did the organization solicit or receive of assets to be sold to raise funds rather than to be maintained. | | | | | | Yes No |
| Par | Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on I | Complete i | f the | organizati | | Yes" to Form 99 | <u>.</u> |
| 1a | Is the organization an agent, trustee, custodian or othe included on Form 990, Part X? | • | | | s or other assets | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII and comp | plete the follo | wing | :able | | | |
| | | | | | | Amo | ount |
| C | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| e | Distributions during the year | | | | 1e | ļ | |
| f | Ending balance | | | | 1f | | |
| 2a | Did the organization include an amount on Form 990, Pa | art X, line 21 | 7 | | | Γ | Yes No |
| b | If "Yes," explain the arrangement in Part XIII Check h | ere if the exp | lanatı | on has been | n provided in Part | XIII | Г |
| Pai | t V Endowment Funds. Complete if the orga | | | | | | |
| 1- | Beginning of year balance | nt year (t | Prior | year b (c |)Two years back (d | Three years back (| (e)Four years back |
| 1a b | Contributions | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | |
| | | | | | | | |
| d | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the current year er | nd balance (lı | ne 1g | , column (a) |)) held as | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | |
| b | Permanent endowment ► | | | | | | |
| c | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 10 | 00% | | | | | |
| За | Are there endowment funds not in the possession of the | e organization | that | are held and | d administered fo | r the | |
| | organization by (i) unrelated organizations | | | | | 32/1 | Yes No |
| | (ii) related organizations | | | | | 3a(i | |
| b | If "Yes" to 3a(II), are the related organizations listed as | | Sched | · · · · Iule R? · | | 3b | |
| 4 | Describe in Part XIII the intended uses of the organization | tıon's endowr | nent f | unds | | | |
| Par | t VI Land, Buildings, and Equipment. Comp 11a. See Form 990, Part X, line 10. | plete if the o | orgar | iization an | swered 'Yes' to | Form 990, Par | t IV, line |
| | Description of property | | | Cost or other (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a l | and | | | | 1,063,073 | | 1,063,073 |
| b E | Buildings | | | | 177,223,986 | | 86,997,937 |
| | easehold improvements | | | | 4,730,768 | 1,175,129 | 3,555,639 |
| c L | | | | | | | |
| | Equipment | | | | 302,358,888 | 185,519,204 | 116,839,684 |
| d E | Equipment | <u></u> . | | | 302,358,888 94,925,047 | | 116,839,684 9,993,655 |

| See Form 990, Part X, line 12. | plete if the organization a | answered 'Yes' to Form 990, Part IV, line 11b. |
|---|-----------------------------|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| (3)Other (A) Financial derivatives and other financial products | | |
| (B) Closely-held equity interests | | |
| (C) Alternative Investments | 110,869,000 | F |
| (D) Real Estate Investments | 13,192,500 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.) | 124,061,500 | |
| (-, | | answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. | <u> </u> | <u> </u> |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. Complete if the organization | | Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Descrip | tion | (b) Book value |
| (1) Unamortized Borrowing Cost (2) Deferred Compensation Plan | | 5,055,102 1,341,873 |
| (3) Construction in Progress | | 31,827,023 |
| (4) Other - Non Current | | 4,597,069 |
| (5) Due From Related Organizations - Non Current (6) Goodwill | | 8,392,967 |
| (6) Goodwiii | | 10,949,411 |
| | | |
| | | |
| Table (Salaran (b) march and Sama 200 Bart V and (B) land 15 | \ | 62.162.445 |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ | | ▶ 62,163,445 Form 990. Part IV. line 11e or 11f. See |
| Form 990, Part X, line 25. | | |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes Federal income taxes | | |
| Self Insured Liability | 22,422,434 | |
| Deferred Compensation Plan | 1,313,188 | |
| Derivative Financial Instruments | 8,343,998 | |
| Due to Related Organizations - Current | 1,488,663 | |
| Due to Related Organizations - Accrued | 129,444 | |
| Estimated Malpractice Costs - Current | 6,166,598 | |
| Property Taxes Payable | 8,154 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 20 972 470 | |
| Total (Column (b) made equal form 550, fait N, col (b) line 25) | 39,872,479 | |

XII 4b

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a. | per F | Return Complete If |
|------|--|-------|---------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 772,637,471 |
| 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 | 1 | |
| c | Recoveries of prior year grants |] | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 3,084,663 |
| 3 | Subtract line 2e from line 1 | 3 | 769,552,808 |
| 4 | Amounts 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 3,632,837 | | |
| b | Other (Describe in Part XIII) |] | |
| c | Add lines 4a and 4b | 4c | -1,230,147 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 768,322,661 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a. | s per | Return. Complete |
| 1 | Total expenses and losses per audited financial statements | 1 | 667,217,083 |
| 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 | 1 | |
| c | Other losses | 1 | |
| d | Other (Describe in Part XIII) | 1 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 667,217,083 |
| 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 3,632,837 | , | |
| b | Other (Describe in Part XIII) | 3 | |
| c | Add lines 4a and 4b | 4c | 51,132,485 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 718,349,568 |
| Part | XIII Supplemental Information | | |
| Part | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t mation | | ide any additional |

| Return Reference | Explanation |
|------------------|--|
| X 2 | The annual audit and financial statements of WVUH are prepared on a consolidated basis as a member of the WV United Health System. The System accounts for uncertainty in income taxes using a recognition threshold of more likely than not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2013 and 2012. The Systems policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses. |
| XI 2d | Allowance for Doubtful Accounts of 42,036,172 reported as an offset to revenue on the financial statements |
| XI 4b | WVU Foundation contributed 803,682 to WVUH in 2013, consisting of non-cash contributions of 560,933, cash contributions and reimbursed expenses of 242,749 that were posted to the balance sheet as donated capital Revenue from federated campaigns of 1,800 that is posted as an offset in an expense account,5,565,072 Loss on Refinancing of investments, and Rental expense of 103,396 shown as an offset to revenue on the 990 and 2 rounding |

Unrealized gains 5,565,072 and 1,800 reported on the financial statements in expenses and reclassified to revenue for Form 990 presentation, and 103,396 expenses related to rental income that had to be reclassified to the Revenue section of the 990 for presentation purposes Allowance for Doubtful Accounts of 42,036,172 reported as an offset to revenue on the financial statements

| • | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
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Schedule D (Form 990) 2013

Additional Data

Software ID: 13000230

Software Version: 13.6.0.0

EIN: 55-0643304

Name: West Virginia University Hospitals Inc

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

| 1 | (a) Description of Liability | (b) Book Value |
|---------------|------------------------------|----------------|
| Federal incor | me taxes | |
| Self Insured | Liability | 22,422,434 |
| Deferred Cor | npensation Plan | 1,313,188 |
| Derivative Fi | nancial Instruments | 8,343,998 |
| Due to Relat | ed Organizations - Current | 1,488,663 |
| Due to Relat | ed Organizations - Accrued | 129,444 |
| Estimated M | alpractice Costs - Current | 6,166,598 |
| Property Tax | es Payable | 8,154 |

Part I Financial Assistance and Certain Other Community Benefits at Cost

DLN: 93493318019114

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE H

(Form 990)

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

Hospitals

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

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

55-0643304

| | | | | | | | | Yes | No |
|--------|---|---|-------------------------------------|---|---|----------------------------------|--------|------------------------|-------|
| | Did the organization have | | | | ' If "No," skip to questi | on 6a | 1a | Yes | |
| b | If "Yes," was it a written | policy? | | | | | 1b | Yes | |
| 2 | If the organization had m financial assistance police | | | | | oplication of the | | | |
| | Applied uniformly to a Generally tailored to | | | | nly to most hospital fac | cilities | | | |
| 3 | Answer the following base organization's patients d | | | nce eligibility criteria th | at applied to the larges | t number of the | | | |
| а | Did the organization use If "Yes," indicate which o | | • | , , | | providing <i>fre</i> e care? | 3a | Yes | |
| | ┌ 100% | 200% | ther | | % | | | | |
| b | Did the organization use which of the following was | | | | | | 3b | | No |
| | □ 200% □ 250% □ | 300% □ 3 | 50% — 40 | 0% ☐ Other | | % | 30 | | 110 |
| c | If the organization used f criteria for determining ei used an asset test or oth discounted care | actors other t ligibility for fre | han FPG in d ee or discoun | etermining eligibility, de ted care Include in the | escribe in Part VI the ir description whether th | ncome based e organization | | | |
| 4 | Did the organization's fin provide for free or discou | | | | | | 4 | Yes | |
| 5a | Did the organization budg the tax year? | - | | • | | tance policy during | 5a | Yes | |
| b | If "Yes," did the organiza | tion's financia | al assistance | expenses exceed the b | udgeted amount? . | | 5b | Yes | |
| С | If "Yes" to line 5b, as a r care to a patient who was | | | | on unable to provide fre | e or discounted | 5c | | No |
| 6a | Did the organization prep | are a commur | nity benefit re | eport during the tax year | r? | | 6a | Yes | |
| b | If "Yes," did the organiza | tion make it a | vailable to th | ne public? | | | 6b | Yes | |
| | Complete the following ta worksheets with the Sche | | worksheets | provided in the Schedule | H instructions Do not | submit these | | | |
| 7 | Financial Assistance | and Certain | Other Com | munity Benefits at Co | st | | | • | • |
| | ancial Assistance and Means-Tested overnment Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community ben expense | | (f) Perce total exp | |
| а | Financial Assistance at cost (from Worksheet 1) | | | 19,840,291 | | 19,840, | 291 | 2 9 | 30 % |
| b | Medicaid (from Worksheet 3, column a) | | | 169,268,598 | 127,989,094 | 41,279, | \neg | 6 1 | 00 % |
| С | Costs of other means-tested government programs (from Worksheet 3, column b) | | | 2,604,837 | 2,081,286 | 523,551 | | 0 0 | 80 % |
| d | Total Financial Assistance and Means-Tested Government Programs . | | | 191,713,726 | 130,070,380 | 61,643, | 346 | 9 1 | 10 % |
| | Other Benefits | | | | | | | | |
| е | Community health improvement services and community benefit operations (from Worksheet 4) | | | 276,688 | 22,705 | 253,983 | | 0 0 | 40 % |
| f | Health professions education | | | · | · | | | | |
| g | (from Worksheet 5) Subsidized health services (from Worksheet 6) | | | 27,772,750 | 11,833,076 | 15,939, | 6/4 | 23 | 60 % |
| h | Research (from Worksheet 7) | | | | | | | | |
| ı | Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,289,258 | 5,813 | 1,283, | _ | | 90 % |
|] V | Total. Other Benefits Total. Add lines 7d and 7i . | | | 29,338,696 221.052.422 | 11,861,594 141.931.974 | 17,477, 79.120. | _ | | 90 % |
| ĸ | ivial. Aud IIICS /U dIIU / I . | | | L ZZI.U.D.Z.47/1 | 141.931.974 | r /9.17U. | 740 I | 11 / | UU 70 |

| | rt II Community Buildi | na Activitia | c Complete t | his table if the or | aanızat | ion co | nduct | nd any commu | nıtv | | age |
|------------|--|--|---|---|-------------------------------------|---------------------|------------|---|----------|---|-------|
| ГŒ | activities during the of the communities | tax year, an | | | | | | | | | |
| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | | rect off revenue | | (e) Net commun building expens | | (f) Pero total ex | |
| 1 | Physical improvements and housing | | | 4,73 | 1 | | | 4 | ,734 | | |
| 2 | Economic development | | | | | | | | | | |
| 3 | Community support | | | 21,28 | ı | | | 21 | ,281 | | |
| 4 | Environmental improvements | | | · | | | | | | | |
| 5 | Leadership development and training | | | | | | | | | | |
| 6 | for community members Coalition building | | | | | | | | | | |
| 7 | Community health improvement | | | | | | | | | | |
| 8 | Workforce development | | | F 24 | - | | | , | - 245 | | |
| 9 | Other | | | 5,34: | | | | | 5,345 | | |
| .0 | Total | | | 31,36 |) | | | 31 | ,360 | | |
| | Bad Debt, Medicar | e, & Collec | tion Practic | es | | | | | | T., | |
| ect 1 | ion A. Bad Debt Expense Did the organization report ba | d deht evnens | e in accordance | with Heathcare Fin | ancial M | anade | ment Δ | ssociation | | Yes | No |
| _ | Statement No 15? | | · · · · | · · · · · | | anaye | | · · · · | 1 | Yes | |
| 2 | Enter the amount of the organ methodology used by the orga | | • | - | · . | 2 | | 16,104,057 | , | | |
| 3 | Enter the estimated amount o | | | | | | | | | | |
| | patients eligible under the org the methodology used by the any, for including this portion | organızatıon to | estimate this | amount and the ratio | nale, ıf | | | 2 506 414 | | | |
| 4 | Provide in Part VI the text of | the footnote to | the organization | on's financial statem | ents tha | | rıbes b | 2,506,414 ad debt expense | 4 | | |
| ect | or the page number on which t ion B. Medicare | nis footnote is | contained in tr | ne attached financia | statem | ents | | | | | |
| 5 | Enter total revenue received f | rom Medicare | (ıncludıng DSH | and IME) | | 5 | | 203,052,648 | | | |
| 6 | Enter Medicare allowable cost | s of care relat | ing to payment | s on line 5 | | 6 | | 231,257,196 | | | |
| 7 8 | Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes | t to which any osting method the method us | shortfall reported ology or source ed | ed in line 7 should be used to determine | the amo | | | | | | |
| | Cost accounting system | Гс。 | st to charge ra | tio 🔽 | Other | | | | | | |
| ect | ion C. Collection Practices | | | | | | | | | | |
| 9a b | Did the organization have a wi If "Yes," did the organization's contain provisions on the coll assistance? Describe in Part | s collection po ection practice | licy that applied | d to the largest num d for patients who ar | ber of its e known | patie to qua | alıfy for | financial | 9a 9b | Yes | |
| Pa | rt IV Management Comp | anies and I | loint Ventur | es (owned 10% or more by | officers, dire | ectors, ti | ustees, ke | ey employees, and physic | :ians—s | ee instruct | ions) |
| | (a) Name of entity | (Ł | Description of pi activity of entit | | (c) Organı profit % o ownersh | r stock | | d) Officers, directors, trustees, or key employees' profit % r stock ownership % | pr | e) Physio ofit % or ownershi | stock |
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| Part V Facility Information | | | | | | | | | | |
|--|----------|------------------------|---------------|---------------|--------------------|---------------|-------------|-------|------------------|--------------------------|
| Section A. Hospital Facilities | Licensed | General | Children' | Teaching | Critical | Research | ER-2: | -0-H3 | | |
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? | | ral medical & surgical | en's hospital | ning hospital | al access hospital | arch facility | ER-24 hours | other | Other (Describe) | Facility reporting group |
| See Additional Data Table | | | | | | | | | | |
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Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Α

| Name of | hospital | facility | or facility | reporting | group |
|---------|----------|----------|-------------|-----------|-------|
|---------|----------|----------|-------------|-----------|-------|

| If reporting on Part V, Section B for a single hospital facility only: line number of | |
|---|--|
| hospital facility (from Schedule H, Part V, Section A) | |

| , | , (, | | Yes | No |
|----|--|----------|-----|----------|
| on | munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012) | | | |
| 1 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 | 1 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| а | A definition of the community served by the hospital facility | | | |
| b | Demographics of the community | | | |
| C | Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ▼ How data was obtained | | | |
| е | ▼ 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 the community health 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 | Other (describe in Part VI) | | | |
| | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> | | | |
| 3 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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 | Yes | |
| 4 | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital | Ť | | |
| | facilities in Part VI | 4 | Yes | <u> </u> |
| 5 | Did the hospital facility make its CHNA report widely available to the public? | 5 | Yes | <u> </u> |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| а | http://wvuhealthcare.com/wvuh/Content/About/2013-Community-Needs- Hospital facility's website (list url) Assessment | | | |
| ь | Other website (list url) | | | |
| c | A vailable upon request from the hospital facility | | | |
| d | Other (describe in Part VI) | | | |
| | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year) | | | |
| а | Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | | |
| b | Execution of the implementation strategy | | | |
| | Participation in the development of a community-wide plan | | | |
| | Participation in the execution of a community-wide plan | | | |
| e | ▼ Inclusion of a community benefit section in operational plans | | | |
| | Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| g | ▼ Prioritization of health needs in its community | | | |
| h | Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| i | Other (describe in Part VI) | | | ĺ |
| | Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs | 7 | Yes | |
| 8a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as | 8a | | No |
| b | required by section 501(r)(3)? | 8b | | 113 |
| | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its | <u> </u> | | |
| | hospital facilities? \$ | | | |
| | | | | |

| P | art V Facility Information (continued) | | | | | | |
|----|--|----------|-----|----|--|--|--|
| | nancial Assistance Policy | | Yes | No | | | |
| 9 | Did the hospital facility have in place during the tax year a written financial assistance policy that | | | | | | |
| | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 9 | Yes | | | | |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | 10 | Yes | | | | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care 000000002 000000000000% | | | | | | |
| | If "No," explain in Part VI the criteria the hospital facility used | | | | | | |
| 11 | Used FPG to determine eligibility for providing discounted care? | 11 | | No | | | |
| | 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 | | | | | | |
| 12 | Explained the basis for calculating amounts charged to patients? | 12 | Yes | | | | |
| | If "Yes," indicate the factors used in determining such amounts (check all that apply) | | | | | | |
| а | Income level | | | | | | |
| ь | Asset level | | | | | | |
| С | Medical indigency | | | | | | |
| d | Insurance status | | | | | | |
| e | Uninsured discount | | | | | | |
| f | Medicaid/Medicare | | | | | | |
| q | State regulation | | | | | | |
| h | Residency | | | | | | |
| i | O ther (describe in Part VI) | | | | | | |
| 13 | Explained the method for applying for financial assistance? | 13 | Yes | | | | |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? | 14 | Yes | | | | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | | | | |
| a | The policy was posted on the hospital facility's website | | | | | | |
| b | The policy was attached to 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 | | | | | | |
| е | The policy was provided, in writing, to patients on admission to the hospital facility | | | | | | |
| f | The policy was available upon request | | | | | | |
| g | Other (describe in Part VI) | | | | | | |
| | ling and Collections | 1 | | | | | |
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial | 15 | Yes | | | | |
| 16 | assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | <u> </u> | " | | | | |
| | the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | | | | |
| a | Reporting to credit agency | | | | | | |
| b | ▼ Lawsuits | | | | | | |
| C | ✓ Liens on residences | | | | | | |
| d | | | | | | | |
| | Other similar actions (describe in Section C) | | | | | | |
| 17 | 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 individual's eligibility under the facility's FAP? | 17 | | No | | | |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | | | | |
| а | Reporting to credit agency | | | | | | |
| b | Lawsuits | | | | | | |
| C | Liens on residences | | | | | | |
| d | Body attachments | | | | | | |
| _ | Other similar actions (describe in Section C) | 1 | 1 | ı | | | |

If "Yes," explain in Part VI

If "Yes," explain in Part VI

| | | | 1 4 | Э, |
|----|---|---|-----|----|
| Pä | art V Facility Information (continued) | | | |
| 18 | Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply) | | | |
| а | Notified individuals of the financial assistance policy on admission | | | |
| ь | Notified individuals of the financial assistance policy prior to discharge | | | |
| C | Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| | Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's | | | |
| | financial assistance policy | | | |
| е | Other (describe in Section C) | | | |
| Ро | olicy Relating to Emergency Medical Care | | | |
| | | ٦ | Yes | ı |
| 19 | 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? | , | Yes | |
| | If "No," indicate why | 7 | | Γ |
| а | The hospital facility did not provide care for any emergency medical conditions | | | l |
| | The hospital facility's policy was not in writing | | | l |
| | The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) | | | l |
| | | | | l |
| | Other (describe in Part VI) | Щ | | L |
| | arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) | — | | _ |
| 20 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- | | | l |
| - | 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 | | | l |
| а | can be charged | | | l |
| b | The hospital facility used the average of its 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 | | | l |
| d | Other (describe in Part VI) | | | ĺ |
| 21 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance | | | |

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any

21

22 Yes

Νo

Part V Facility Information (continued)

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

| Form and Line Reference Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line Group West Virgina University Hospitals Line Part V, Section B, Line All Pattents Recreased and Pattlation Group West Virgina University Hospitals Line Part V, Section B, Line All Pattents Recreased and Pattlation Group West Virgina University Hospitals Line Part V, Section B, Line All Pattents Recreased and Early Representation Pattland Group West Virgina University Hospitals Line Part V, Section B, Line All Pattents Recreased B, | for each facility in a facility repor | ting group, designated by "Facility A," "Facility B," etc. |
|--|--|--|
| Interviewed and 7 Focus Groups were convened to explore issues lated to health status, needs and resources in Monongalia County A full list of community members and focus groups can be found online http://www.healthcare.com/wwwh/Content/About/2011-Community-NewSet-Assessment Seventeen issues were identified. Nine points were noted about resources both positive and negative in nature. Twelve potential solutions were developed. Group West Virginia University Hospitals Line Part V, Section B, Line 3 From West Virginia University Hospitals Line Part V, Section B, Line Group West Virginia University Hospitals Line Part V, Section B, Line 19 Group West Virginia University Hospitals Line Part V, Section B, Line 19 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 24 Group West Virginia University Hospitals Line Part V, Section B, Line 25 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals Line Part V, Section B, Line 26 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 26 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 26 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 26 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 26 Group West Virginia University Hospitals, Inc L | Form and Line Reference | Explanation |
| and negative in nature. Twelve potential solutions were developed developed. Group West Virginia University Hospitals Line Part V, Section B, Line 13. Subsequently, a working group was convened and charged with developing an action plan in response to the CHNA. The group, including representatives from a variety of healthcare and related organizations in Monongalia County, began meeting in May 2012 and remains active. Group West Virginia University Hospitals Line Part V, Section B, Line 23. Group West Virginia University Hospitals Line Part V, Section B, Line 24. Group West Virginia University Hospitals Line Part V, Section B, Line 24. Group West Virginia University Hospitals Line Part V, Section B, Line 24. Group West Virginia University Hospitals Line Part V, Section B, Line 25. Group West Virginia University Hospitals Line Part V, Section B, Line 26. Group West Virginia University Hospitals Line Part V, Section B, Line 26. Group West Virginia University Hospitals Line Part V, Section B, Line 27. Group West Virginia University Hospitals Line Part V, Section B, Line 27. Group West Virginia University Hospitals Line Part V, Section B, Line 27. Group West Virginia University Hospitals Line Part V, Section B, Line 27. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 29. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20. All patients are charged an amount equal to gross charges regardless of payment method | Hospitals Line Part V, Section B, Line | Interviewed and 7 Focus Groups were convened to explore issues related to health status, needs and resources in Monongalia County A full list of community members and focus groups can be found online http://wvuhealthcare com/wvuh/Content/About/2011- Community-Needs-Assessment Seventeen issues were |
| Hospitals Line Part V, Section B, Line Hospitals Line Part V, Section B, Line Group West Virginia University Hospitals Line Part V, Section B, Line The group has also identified the following guidelines 1 Availability of historical data 2. Repeatable data collection in place or can be readily established and 3. Standards available from a recognized external entity. Using these criteria and guidelines, obesity/diabetes is the first health need selected for implementation planning. During a 2013 CHNA six community health needs were identified 1. Obesity, 2. Diabetes, 3. Lung. Cancer, 4. Heart Disease, 5. Lows Birth Weight, and 6. Motor Vehicle Accidents and Fatalities The CHNA was undertaken jointly with Monongalia General Hospitals. Line Part V, Section B, Line 4. The highest priority items on the CHNA are being addressed by WIVH Hospitals. Line Part V, Section B, Line WIVH does not offer discounted care to individuals who fail the 2006 PFG 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. Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 14g Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, All 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 Group West Virginia University Hospitals, Inc Line Part V, Section B, All patients are charged an amount equal to gross charges Group West Virginia University Hospitals, Inc Line Part V, Section B, All patients are charged an amount equal to gross charges | | and negative in nature. Twelve potential solutions were developed |
| Hospitals Line Part V, Section B, Line Availability of historical data 2 Repeatable data collection in place or can be readily established and 3 Standards available from a recognized external entity. Using these criteria and guidelines, obesity/diabetes is the first health need selected for implementation planning. During a 2013 CHMA six community health needs were identified 1 Obesity, 2 Diabetes, 3 Lung. Cancer, 4 Heart Disease, 5 Low Birth Weight, and 6 Motor. Vehicle Accidents and Fatalities. Group West Virginia University. Hospitals Line Part V, Section B, Line 4. Group West Virginia University. Hospitals Line Part V, Section B, Line 7. The highest priority items on the CHNA are being addressed by WVU Hospitals. WVU Hoffers programs not only within our PSA but across the state of West Virginia in an effort to address health needs. WVU Hospitals WVU Hoffers programs not only within our PSA but across the state of West Virginia in an effort to address health needs. WVU Hospitals WVU Hoffers programs not only within our PSA but across the state of West Virginia in an effort to address health needs. WVU Hospitals WVU Hoffers programs not only within our PSA but across the state of West Virginia in an effort to address health needs. WVU Hospitals Coverage may be eligible for a 20 self-pay discount if they meet certain requirements defined in our financial assistance policy. Group West Virginia University. Hospitals, Inc Line Part V, Section B, Line 14g. Group West Virginia University. 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. All patients are charged an amount equal to gross charges regardless of payment method. | Hospitals Line Part V , Section B , Line | developing an action plan in response to the CHNA The group, including representatives from a variety of healthcare and related organizations in Monongalia County, began meeting in May 2012 and remains active |
| Group West Virginia University Hospitals Line Part V, Section B, Line Group West Virginia University Hospitals Line Part V, Section B, Line The highest priority items on the CHNA are being addressed by WVU Hospitals WVUH offers programs not only within our PSA but across the state of West Virginia in an effort to address health needs Group West Virginia University Hospitals Line Part V, Section B, Line 11 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 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 14g Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d Group West Virginia University Hospitals WVUH offers programs not only within our PSA Difference Part V, Section B, Line CHNA are being addressed by WVUH offers programs not only within our PSA Difference Part V, Section B, Line CHNA are being addressed by WVUH offers programs not only within our PSA Divided Part V, University Hospitals WVUH offers programs not only within our PSA Divided Part V, University Hospitals Line CHNA are being addressed by WVUH offers programs not only wi | Hospitals Line Part V, Section B, Line | Availability of historical data 2 Repeatable data collection in place or can be readily established and 3 Standards available from a recognized external entity. Using these criteria and guidelines, obesity/diabetes is the first health need selected for implementation planning. During a 2013 CHNA six community health needs were identified 1. Obesity, 2. Diabetes, 3. Lung. Cancer, 4. Heart Disease, 5. Low Birth Weight, and 6. Motor. |
| Group West Virginia University Hospitals Line Part V, Section B, Line 7 Group West Virginia University Hospitals Line Part V, Section B, Line 11 Group West Virginia University Hospitals Line Part V, Section B, Line 11 Group West Virginia University Hospitals Line Part V, Section B, Line 11 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line Line 20d Group West Virginia University Hospitals, Inc Line Part V, Section B, Line Part | Hospitals Line Part V, Section B, Line | The CHNA was undertaken jointly with Monongalia General |
| Hospitals Line Part V, Section B, Line 11 200 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 Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 14g Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d 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 Group West Virginia University Hospitals, Inc Line Part V, Section B, All patients are charged an amount equal to gross charges regardless of payment method | Group West Virginia University Hospitals Line Part V, Section B, Line | WVU Hospitals WVUH offers programs not only within our PSA but across the state of West Virginia in an effort to address health |
| Hospitals, Inc Line Part V, Section B, Line 14g Group West Virginia University Hospitals, Inc Line Part V, Section B, Line 20d 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 Group West Virginia University Hospitals, Inc Line Part V, Section B, All patients are charged an amount equal to gross charges regardless of payment method | Hospitals Line Part V, Section B, Line | 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 |
| Hospitals, Inc Line Part V, Section B, Line 20d uninsurable may be eligible for a 20 self pay discount if they meet certain requirements. All patient charges are based on state regulated rates. Group West Virginia University Hospitals, Inc Line Part V, Section B, | Hospitals, Inc Line Part V, Section B, | |
| Hospitals, Inc Line Part V, Section B, regardless of payment method | Hospitals, Inc Line Part V, Section B, | uninsurable may be eligible for a 20 self pay discount if they meet certain requirements All patient charges are based on state |
| | Hospitals, Inc Line Part V, Section B, | |
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Part V Facility Information (continued)

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

| Ho | ow many non-hospital health care facilities did the organization operate during the tax year? 8 | | |
|-----|--|------------------------------------|--|
| Naı | ne and address | Type of Facility (describe) | |
| 1 | Chestnut Ridge Center 930 Chestnut Ridge Road Morgantown, WV 26505 | Behavioral Health Facility | |
| 2 | Cheat Lake Physicians 608 Cheat Road Morgantown, WV 26508 | General Medical, Physician Offices | |
| 3 | WVU Heart Institute 600 Suncrest Towne Centre Morgantown, WV 26506 | Cardiac Care | |
| 4 | WVU Sleep Evaluation Center 205 Bakers Ridge Road Morgantown, WV 26508 | Sleep Evaluation | |
| 5 | WVU Sports Medicine 943 Maple Drive Morgantown, WV 26505 | Sports Medicine | |
| 6 | WVU Pain Management Center 1075 Van Voorhis Road Morgantown, WV 26505 | Pain Management | |
| 7 | Wound Management Center 608 Cheat Road Morgantown, WV 26505 | Wound Care | |
| 8 | Fairmont Regional Cancer Center 1325 Locust Ave Fairmont, WV 26554 | Cancer Treatment Center | |
| 9 | | | |
| 10 | | | |

Schedule H (Form 990) 2013

Page 2

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **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

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part I Line 3c | WVU Hospital WVUH uses 200 Federal Poverty Guideline FPG to determine free care eligibility However, WVUH does not offer discounted care to individuals who fail the 200 FPG test |
| Part I Line 6a | WVUH posts a summary of monies spent on community health improvements on our website at www.wyuhealthcare.com.under WVU Hospitals information on the About WVU Healthcare page |

| Form and Line Reference | Explanation |
|-------------------------|--|
| rait i Lille / | Total community benefit expense for 2013 is 221,052,422 and is 32 68 of total net expenses. To calculate net expense, bad debt of 42,036,172 was deducted from total expenses of 718,349,568 as shown in Part IX line 25 of the core Form 990, for a net expense of 676,313,396 |
| rait! Line / | 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 |

| Form and Line Reference | 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 |
| Part II | Community Support - 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, WV Hospital Association Region 6/7 Committee member, Monongalia County Local Emergency Planning Committee member |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Pait 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 |
| raitii | Send a Kids to Camp Scholarship program - WVUH helped send 93 area children to a BOPARC summer camp |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part II | Family Fun Fests - WVUH supports free outdoor movies, which are held at a local park each summer Singing Tree Mural - WVUH supports the creation of a Singing Tree mural which represents Morgantowns diversity Work on the mural began in 2012, and the first panels in the mural were installed in 2013 Work on the mural will continue into 2014 Numerous WVUH departments have helped create the mural |
| Part II | Sprint, Splash and Spin Triathlon - WVUH supports this location triathlon, which is partly organized by BOPARC. The two-day event features races for both kids and adults. Proceeds benefit Monongalia County Habitat for Humanity. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part II | WVUH is a collaborative partner with Main Street Morgantown, the City of Morgantown and the Morgantown Parking Authority in supporting the Morgantown Market Place. A culinary station, which will be used for healthy cooking demonstrations, will be unveiled in this location in 2013. WVUH is funding this station. |
| 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 |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III Line 2 | Bad Debt Expense at cost was calculated by multiplying bad debt expense of 42,036,172 by our cost to charge ratio of 38 31 derived from Worksheet 2 in the IRS Schedule H instructions for a total of 16,104,057 |
| Part III Line 3 | 16,104,057 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 6,542,455 which we then multiplied by our cost to charge ratio of 38 31 for a total of 2,506,414. We feel that at a minimum the estimated bad debt attributable to patients eligible for charity care of 2,506,414 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. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III Line 3 | 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 |
| Part III Line 4 | WVUH footnote for Accounts Receivable Patients states 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. In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage the System analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III Line 4 | For receivables associated with self-pay patients, which includes both patients without insurance and insured patients with deductible and copayment balances, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. |
| Part III Line 8 | The amount reported in Part III Line 6 231,257,196 was calculated using the total Medicare allowable cost from the Medicare cost report, less Medicare reimbursement of direct GME |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III Line 8 | WVUHs shortfall, 28,204,548 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 |
| Part III Line 9b | WVUH does have a debt collection policy When a patient has been approved for financial assistance under our charity care policy, they will not be sent to bad debt Additionally, if a patient is being evaluated for charity, the patient will not be sent to bad debt agency pending charity guarantor status until the pending status has been finalized approved/denied All other patients with outstanding balances will be processed through billing and collections pursuant to our Financial Policy |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI Line 2 | WVUH, together with the neighboring but unaffiliated Monongalia General Hospital MGH, conducted a Community Health Needs Assessment CHNA that was adopted by the WVUH Board of Directors in January 2011 WVUH updated this plan and reported on its implementation in 2013 Reports of both the 2010 and 2013 CHNAs, compiled by Lifton Associates, LLC, are posted on our website, www wvuhealthcare com |
| Part VI Line 2 | Both assessments focus on the immediate local communities served by WVUH and included in our Primary Service Area PSA Monongalia, Marion, Preston and Taylor counties in West Virginia The original CHNA was shared widely among health organizations and providers in the region through a work group organized in May 2012 the ongoing work of that group contributed to the 2013 update |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI Line 2 | Within WVUH, a team was organized to select a target issue for a community health initiative based on the CHNA results. After considering both the identified needs of the community and the capacity of the organizations to achieve measurable positive results, the issue of obesity/diabetes was selected for action. WVUH, in partnership with MGH and the Monongalia County Health Department, have established the Choose Health Initiative across the county as a result of these discussions. |
| Part VI Line 2 | It should be noted that the mission of WVUH, as the tertiary teaching hospital for West Virginia University, is statewide. Although we focus this effort on Monongalia County and the PSA, only one-fourth all WVUH patients reside in this county and fewer than half in the PSA. The hospital is an active participant in a wide range of additional activities whose goal is improving health amount people across all of West Virginia. Hospital leadership and specialist representatives have worked directly with state health officials on efforts to establish a statewide stroke care system, improve trauma response and care, establish a state health information network, and upgrade the health systems disaster readiness. |

| Form and Line Reference | 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. |
| 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 |

| Form and Line Reference | 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 2013 market share for our PSA is 45 4 with 21 4 of those patients covered by Medicaid and 7 uninsured The largest non-profit competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital |
| 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 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline for 2012 FPG 2008-2012 Marion Countys population is 56,418, average household income of 40,827 and unemployment of 5 6 17 4 of Marion county residents fell below FPG 2008-2012 |

| Form and Line Reference | 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. |
| 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 |

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI Line 4 | In 2013 33 8 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 |
| 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 Webbased 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. |

| Form and Line Reference | 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 |
| 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. |

| Form and Line Reference | 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. |
| Part VI Line 5 | WVUHs board of directors is a community board, with nine of the seventeen members living in or around Morgantown, WV The eight 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 or independent contractors of WVUH, nor family members thereof |

| Form and Line Reference | 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 |
| Part VI Line 5 | WVUH is one of 260 hospitals in the U.S. 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 at Milan Puskar Health Right, a community clinic which provides care at no cost to uninsured or underinsured low-income residents. |

| Form and Line Reference | 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 |
| 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. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part VI Line 6 | System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the Systems 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 |
| Part VI Line 6 | The System also includes the physician practices of United Physicians Care, Inc. and Camden-Clark Physician Corp that operate in conjunction with the System hospitals. United Summit Center is a behavioral health center located in Clarksburg, WV. In addition to these practices, the System also includes WVUH-East, Inc. and Camden-Clark Health Services which operate as management companies for their respective hospitals. The System also has Foundations that do various fundraising activities for the hospitals. University Healthcare Foundation and Jefferson Healthcare Foundation operate in the Eastern Panhandle, United Health Foundation operates in Clarksburg, and Camden-Clark Foundation operates in Parkersburg, WV |

 Software ID:
 13000230

 Software Version:
 13.6.0.0

 EIN:
 55-0643304

Name: West Virginia University Hospitals Inc

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

| WVU Hospital WVUH uses 200 Federal Poverty Guideline FPG to determine free care eligibility However, WVUH does not offer discounted care to individuals who fail the 200 FPG test |
|---|
| 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 |
| Total community benefit expense for 2013 is 221,052,422 and is 32 68 of total net expenses. To calculate net expense, bad debt of 42,036,172 was deducted from total expenses of 718,349,568 as |
| Shown in Part IX line 25 of the core Form 990, for a net expense of 676,313,396 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 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 |
| Community Support - 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, WV Hospital Association Region 6/7 Committee member, Monongalia County Local Emergency Planning |
| Committee member, and Harrison County Local Emergency Planning Committee member 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 |
| Send a Kids to Camp Scholarship program - WVUH helped send 93 area children to a BOPARC summer camp |
| Family Fun Fests - WVUH supports free outdoor movies, which are held at a local park each summer Singing Tree Mural - WVUH supports the creation of a Singing Tree mural which represents |
| Morgantowns diversity Work on the mural began in 2012, and the first panels in the mural were installed in 2013 Work on the mural will continue into 2014 Numerous WVUH departments have |
| helped create the mural Sprint, Splash and Spin Triathlon - WVUH supports this location triathlon, which is partly organized by |
| BOPARC The two-day event features races for both kids and adults Proceeds benefit Monongalia County Habitat for Humanity |
| WVUH is a collaborative partner with Main Street Morgantown, the City of Morgantown and the Morgantown Parking Authority in supporting the Morgantown Market Place A culinary station, which |
| will be used for healthy cooking demonstrations, will be unveiled in this location in 2013 WVUH is funding this station |
| 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 |
| Bad Debt Expense at cost was calculated by multiplying bad debt expense of 42,036,172 by our cost to charge ratio of 38 31 derived from Worksheet 2 in the IRS Schedule H instructions for a total of |
| 16,104,057 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 6,542,455 which we then multiplied by our cost to charge ratio of 38.31 for a total of |
| 2,506,414 We feel that at a minimum the estimated bad debt attributable to patients eligible for charity care of 2,506,414 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 |
| 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 |
| WVUH footnote for Accounts Receivable Patients states 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. In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to |
| estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage the System analyzes |
| contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary |
| For receivables associated with self-pay patients, which includes both patients without insurance and insured patients with deductible and copayment balances, the System records a significant provision |
| for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible |
| The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts |
| The amount reported in Part III Line 6 231,257,196 was calculated using the total Medicare allowable cost from the Medicare cost report, less Medicare reimbursement of direct GME |
| WVUHs shortfall, 28,204,548 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 |
| WVUH does have a debt collection policy When a patient has been approved for financial assistance under our charity care policy, they will not be sent to bad debt. Additionally, if a patient is being |
| evaluated for charity, the patient will not be sent to bad debt agency pending charity guarantor status until the pending status has been finalized approved/denied. All other patients with outstanding |
| balances will be processed through billing and collections pursuant to our Financial Policy WVUH, together with the neighboring but unaffiliated Monongalia General Hospital MGH, conducted a |
| Community Health Needs Assessment CHNA that was adopted by the WVUH Board of Directors in January 2011 WVUH updated this plan and reported on its implementation in 2013 Reports of both |
| the 2010 and 2013 CHNAs, compiled by Lifton Associates, LLC, are posted on our website, www.wvuhealthcare.com |
| Both assessments focus on the immediate local communities served by WVUH and included in our Primary Service Area PSA Monongalia, Marion, Preston and Taylor counties in West Virginia The |
| original CHNA was shared widely among health organizations and providers in the region through a work group organized in May 2012 the ongoing work of that group contributed to the 2013 update |
| Within WVUH, a team was organized to select a target issue for a community health initiative based on the CHNA results. After considering both the identified needs of the community and the capacity of the |
| organizations to achieve measurable positive results, the issue of obesity/diabetes was selected for action WVUH, in partnership with MGH and the Monongalia County Health Department, have |
| established the Choose Health Initiative across the county as a result of these discussions It should be noted that the mission of WVUH, as the tertiary teaching hospital for West Virginia |
| University, is statewide Although we focus this effort on Monongalia County and the PSA, only one-fourth all WVUH patients reside in this county and fewer than half in the PSA. The hospital is an active |
| participant in a wide range of additional activities whose goal is improving health amount people across all of West Virginia Hospital leadership and specialist representatives have worked directly |
| with state health officials on efforts to establish a statewide stroke care system, improve trauma response and care, establish a state health information network, and upgrade the health systems |
| disaster readiness 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 Our charity care eligibility quidelines 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 |
| 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 2013 market share for our PSA |
| is 45.4 with 21.4 of those patients covered by Medicaid and 7 unincured. The largest pop-profit |
| is 45 4 with 21 4 of those patients covered by Medicaid and 7 uninsured. The largest non-profit competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital. Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston. |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline for 2012 FPG 2008-2012 Marion Countys population is 56,418, average household income of 40,827 and unemployment of 5 6 17 4 of Marion county residents fell below FPG 2008-2012 |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline for 2012 FPG 2008-2012 Marion Countys population is 56,418, average household income of 40,827 and unemployment of 5 6 17 4 of Marion county residents fell below FPG 2008-2012 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 |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline for 2012 FPG 2008-2012 Marion Countys population is 56,418, average household income of 40,827 and unemployment of 5 6 17 4 of Marion county residents fell below FPG 2008-2012 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 |
| competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall services area, including Pennsylvania, include Charleston Area Medical Center CAMC and University of Pittsburgh Medical Center Per 2008 - 2012 U S Census information, Monongalia County has a population of 96,189, an average household income of 41,326 and an unemployment rate of 4 1 22 6 of residents were below the federal poverty guideline for 2012 FPG 2008-2012 Marion Countys population is 56,418, average household income of 40,827 and unemployment of 5 6 17 4 of Marion county residents fell below FPG 2008-2012 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, |
| |

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

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI Line 4 | In 2013 33 8 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 |
| 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 |
| 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 |
| 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. |
| 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. |
| Part VI Line 5 | WVUHs board of directors is a community board, with nine of the seventeen members living in or around Morgantown, WV The eight 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 or independent contractors of WVUH, nor family members thereof |
| 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 |
| 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 at Milan Puskar. Health Right, a community clinic which provides care at no cost to uninsured or underinsured low-income residents. |
| 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 |
| 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. |
| 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 |
| Part VI Line 6 | The System also includes the physician practices of United Physicians Care, Inc. and Camden-Clark Physician Corp that operate in conjunction with the System hospitals. United Summit Center is a behavioral health center located in Clarksburg, WV. In addition to these practices, the System also includes WVUH-East, Inc. and Camden-Clark Health Services which operate as management companies for their respective hospitals. The System also has Foundations that do various fundraising activities for the hospitals. University Healthcare Foundation and Jefferson Healthcare Foundation operate in the Eastern Panhandle, United Health Foundation operates in Clarksburg, and Camden-Clark Foundation operates in Parkersburg, WV. |

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

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

West Virginia University Hospitals Inc

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

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

Attach to Form 990

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

OMB No 1545-0047

2013

DLN: 93493318019114

Open to Public Inspection

Employer identification number

55-0643304

| Part I General Inform | nation on Grants | and Assistance | | | | | |
|---|-----------------------|--|-------------------------------------|---|--|--|---------------------------------------|
| Does the organization mathe selection criteria use Describe in Part IV the o | d to award the grants | orassistance? | | | | | ∀ Yes |
| Part II Grants and Otl | her Assistance to | Governments and recipient that receive | Organizations in | the United States | | | "Yes" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) United Way 278-C Spruce Street Morgantown, WV 26505 | 55-0462065 | 501c3 | 32,150 | | | | Support |
| (2) Ronald McDonald House 841 Country Club Drive Morgantown, WV 26505 | 55-0668138 | 501c3 | 5,000 | | | | Support |
| (3) American Heart Association 7272 Greenville Ave Dallas,TX 752314956 | 13-5613797 | 501c3 | 25,000 | | | | Support |
| (4) Morgantown BoParc PO Box 590 Morgantown, WV 26505 | 55-6000620 | | 20,000 | | | | Support |
| (5) MainStreet Morgantown 210 High Street Morgantown, WV 26505 | 31-1129585 | 501c3 | 5,000 | | | | Support |
| (6) WVU Foundation 1 Waterfront Place Morgantown, WV 26505 | 55-6017181 | 501c3 | 1,108,270 | | | | Support |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of sec | tion 501(c)(3) and co | vernment organizations | listed in the line 1 table | | | • | E |

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

| Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F | art IV, | line 22 |
|---|---------|---------|
| Part III can be duplicated if additional space is needed. | | |

| (a)Type of grant or assistance | (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 Infor | mation. Provide the inf | ormation required in Pa | art I, line 2, Part III, co | lumn (b), and any other a | dditional information. |
| | Jamatian | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |

Return Reference Explanation

Part I Line 2

WV U Hospitals provides cash contributions to various charitable organizations that support education, healthcare, or community building activities WV UH does not monitor the use of grants after awarded

Schedule I (Form 990) 2013

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

DLN: 93493318019114

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

| WE | st virginia Onliversity Hospitals Inc | | 55-0643304 | | | |
|----|--|--|------------------------|----|-----|-----|
| Pa | rt I Questions Regarding Compensation | | | | | |
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide | | | | | |
| | First-class or charter travel | Housing allowance or residence for | personal use | | | |
| | Travel for companions | Payments for business use of perso | nal residence | | | |
| | ▼ Tax idemnification and gross-up payments | dealth or social club dues or initiati | on fees | | | |
| | Discretionary spending account | Personal services (e g , maid, chauf | feur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization reimbursement or provision of all of the expenses described a | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursin directors, trustees, officers, including the CEO/Executive Dire | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization us organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of the | Do not check any boxes for method he CEO/Executive Director, but ex | ds | | | |
| | | Written employment contract | | | | |
| | | Compensation survey or study | | | | |
| | Form 990 of other organizations | Approval by the board or compensa | tion committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, sor a related organization | Section A , line 1a with respect to t | he filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | | | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqu | ualified retirement plan? | | 4b | Yes | |
| С | Participate in, or receive payment from, an equity-based com | pensation arrangement? | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the | applicable amounts for each item i | n Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must comple | ete lines 5-9. | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of | did the organization pay or accrue a | iny | | | |
| а | The organization? | | | 5a | | Νo |
| 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, line 1a, compensation contingent on the net earnings of | did the organization pay or accrue a | ıny | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | Ì | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If "Yes," describe in | | n-fixed | 7 | | Νo |
| 8 | Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regulation in Part III | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttab | ole presumption procedure describe | d in Regulations | 3 | | 110 |

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| The complete this part for any addition | |
|---|---|
| Return Reference | Explanation |
| Part I Line 1b | The System grosses up the pay of the CEO to pay the taxes related to his personal use of a company vehicle. A written policy was implemented in 2012. This benefit is reported in both Part VII and Schedule J of the Form 990. It is also a part of the overall compensation package as approved by the compensation committee and the Board of Directors. This was included as taxable compensation on the Form W-2 of the CEO for 2013. |
| Part I Line 3 | Compensation for WVU Hospitals, Inc CEO is determined by the WV United Health System compensation committee. The System engages an independent group to perform an executive compensation review and compensation survey every two years. This information is provided to the committee, which is made up of independent board members who are then responsible for setting the compensation packages offered to each executive ensuring that the compensation package offered does not exceed fair market value. |
| Part I Line 4b | During 2013, certain individuals reported in Part VII participated in a nonqualified retirement plan. The following is a list of those individuals, plan types and amounts |
| Part II Line 1a | Bruce McClymonds - CAA deferred contributions of 105,385 received a vesting from CAA of 106,755 included in 2013 form W-2 box 5 Steve Tancin - CAA deferred contributions of 8,981 Received a CAA Vesting of 6,694 included in 2013 form W-2 box 5 |
| Part II Line 1a | Gary Murdock - CAA deferred contributions of 15,652 received a CAA Vesting of 17,131 Dorothy Oakes - CAA vestings of 16,492 Mary Jo Shahan - CAA vestings of 18,137 Melanie Davies - CAA deferred contributions of 8,755 Frank Briggs - CAA deferred contributions of 12,580 All of the above amounts are properly reported on the form W-2 for 2013 |

Schedule J (Form 990) 2013

Additional Data

Software ID: 13000230 **Software Version:** 13.6.0.0

EIN: 55-0643304

Name: West Virginia University Hospitals Inc

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

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|-------------|--------------------------|---|-----------------------------|--------------|-----------------|----------------------|--|
| | | (i) Base Compensation | (ii) Bonus & ıncentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Bruce McClymonds CEO | (1) (11) | 628,650 | 139,378 | 127,462 | 105,385 | 15,900 | 1,016,775 | 106,755 |
| Mary Jo Shanan CFO/VP Finance | (1) (11) | 321,331 | 40,951 | 47,238 | | 836 | 410,356 | 18,137 |
| Richard King VP Information Technology | (I) (II) | 176,579 75,677 | 26,000 11,143 | | | 11,366 4,871 | | |
| Robert O'Neil VP Legal Services | (ı) (ıı) | 352,339 | 57,870 | 19,476 | 11,166 | 19,065 | 459,916 | |
| Stephen Tancın VP Ancıllary Services | (ı) (ıı) | 252,778 | 32,778 | | 8,981 | 19,663 | | |
| Gary Murdock VP Planning/Marketing | (ı) (ıı) | 230,983 | 30,255 | 19,477 | 15,652 | 18,992 | 315,359 | 17,131 |
| Melanie Davies VP of Corporate Compliance | (1) (11) | 186,632 | 27,407 | 21,568 | 8,755 | 7,543 | 251,905 | |
| Dorothy Oakes VP Nursing Services | (ı) (ıı) | 266,519 | 35,488 | 54,788 | | 7,231 | 364,026 | 16,492 |
| Charlotte Bennett VP Human Resources | (1) (11) | 273,996 | 31,188 | 22,952 | | 19,065 | 347,201 | |
| Taylor Troischt Physician | (ı) (ıı) | 206,094 | | 25,568 | | 17,672 | 249,334 | |
| Thomas McNeely Physician | (1) (11) | 169,260 | 647 | 40,100 | | 16,160 | 226,167 | |
| Carol Game Pharmacy Director | (1) (11) | 184,957 | 21,362 | 150 | | 18,774 | 225,243 | |
| Shawn Long Physician | (ı) (ıı) | 206,111 | | 11,847 | | 613 | 218,571 | |
| David Flynn Pharmacy Director | (ı) (ıı) | 186,250 | 23,450 | | | 18,982 | 228,682 | |
| Frank Briggs VP of Quality Patient Safety | (ı) (ıı) | 210,342 | 27,114 | 6,560 | 12,580 | 18,774 | 275,370 | |

DLN: 93493318019114

OMB No 1545-0047

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 Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

West Virginia University Hospitals Inc

| | se vingilia diliversity mospitals 1 | | | | | | | 55 | -06433 | 04 | | | |
|---|---|----------------|--------------------|-----------------|-----------------|------|--|---------------|----------|---------------|----------------------|-----|---------------|
| P | art I Bond Issues | | | | | | | _ | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) | Description of purpose | (g) De | feased | beha | On alf of suer | | Pool ncing |
| | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | West Virginia Hospital Finance Authority | 62-1256910 | 956622US1 | 09-04-2003 | 26,260,771 | | Series B - Refund a of 1993 Series Bonds | | х | | x | | Х |
| В | West Virginia Hospital Finance Authority | 62-1256910 | 956622US1 | 09-04-2003 | 45,750,000 | | Series D - Fund ements at WVUH | | Х | | Х | | Х |
| c | West Virginia Hospital Finance Authority | 62-1256910 | 956622YR9 | 09-17-2008 | 34,350,881 | | Series E - Refund 2005 A Bonds | | х | | х | | × |
| D | West Virginia Hospital Finance Authority | 62-1256910 | 956622D27 | 12-17-2009 | 31,894,128 | | Series - Fund ements at WVUH City al Inc | | Х | | х | | × |
| P | art III Proceeds | | | • | | | | • | | | | • | |
| | | | | | Α | | В | | С | | | D | |
| 1 | Amount of bonds retired | | | | 4,250 | ,000 | | | | | | | |
| 2 | A mount of bonds legally defea | sed | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | 26,260 | ,771 | 45,750,000 | | 34,36 | 9,757 | | 31, | 894,128 |
| 4 | Gross proceeds in reserve fun | ıds | | | 3,453 | | | | 3,45 | 3,965 | | | |
| _ | Capitalized interest from proc | eeds | | | 2 100 | | 2 100 022 | | <u> </u> | \rightarrow | | | |

| | | | ., | | | | | | |
|----|--|-----|------------|-----|------------|-----|------------|-----|-----------|
| 2 | A mount of bonds legally defeased | | | | | | _ | | |
| 3 | Total proceeds of issue | | 26,260,771 | | 45,750,000 | | 34,369,757 | | 31,894,12 |
| 4 | Gross proceeds in reserve funds | | 3,453,965 | | | | 3,453,965 | | |
| 5 | Capitalized interest from proceeds | | 3,100,032 | | 3,100,032 | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | 195,743 | | 297,348 | | 390,793 | | 619,41 |
| 8 | Credit enhancement from proceeds | | 584,618 | | 1,982,133 | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 40,397,844 | | 40,397,844 | | | | 31,411,87 |
| 11 | O ther spent proceeds | | 25,480,410 | | | | 30,538,355 | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 20 | 03 | 20 | 06 | 20 | 008 | 20 | 12 |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | × | | | Х | Χ | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | Х | | Х | | Х | | |
| 16 | Has the final allocation of proceeds been made? | Х | | Х | | Х | | Х | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | Х | | Х | | Х | | Х | |
| | THE D. C. L. D. C. L. L. L. | | | | | | | | |

Part IIII Private Business Use

| | | | 4 | В | | С | | 1 |) |
|---|--|-----|----------|-----|----|-----|----|----------|-----------|
| | | 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 | | х | | х | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | Х | Х | | | |
| | Bedesting Art Nation and the Treturation of the Company | | N - E01/ | | | • | | 11.17.65 | 000\ 2012 |

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

| | 111 Titute Business Ose (continued) | | | | | | | | |
|----|--|-----|---------|-----|----|-----|---------|-----|----|
| | | | Α | | В | | С | [Γ | D |
| | · · | Yes | No | Yes | No | Yes | No | Yes | No |
| За | Are there any management or service contracts that may result in private business use of bond-financed property? | Х | | 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 | | x | | | |
| 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 | | Х | | 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 | | 0 059 % | | | | 0 034 % | | |
| 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 | | | | | | | | |
| 6 | Total of lines 4 and 5 | | 0 059 % | | | | 0 034 % | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | Х | | Х | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | x | | | x | | х | | |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | _ | 0 020 % | | | _ | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | × | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | х | | Х | | x | | | |

| | Regulations sections 1 141-12 and 1 145-27 | | | | | | | | |
|-----|--|-----------|-------------|-----|----|-----|-----|---------------|-------------|
| Par | t IV Arbitrage | | | | | _ | | | |
| | | A | | I | 3 | | | [| ס |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the Issuer filed Form 8038-T? | | X | | Х | | Х | | Х |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | Х | | Х | | Х |
| ь | Exception to rebate? | | Х | | Х | | Х | Х | |
| С | No rebate due? | Х | | Х | | Х | | | Х |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | • | | | | • | |
| 3 | Is the bond issue a variable rate issue? | Х | | | Х | | Х | | Х |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | х | | | Х | | х | | Х |
| ь | Name of provider | UBS AG | | | | | • | | |
| С | Term of hedge | 000000003 | 50000000000 | | | | | | |
| d | Was the hedge superintegrated? | Х | | | | | | | |
| e | Was the hedge terminated? | | X | | | | | | |
| | | 1 | • | · | 1 | 1 | Sch | edule K (Forr | n 990) 2013 |

| Part IV | Arbitrage | (Continued |
|---------|-----------|------------|
|---------|-----------|------------|

| | A B | | С | | D | | | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| Name of provider | | | | | | | | |
| Term of GIC | | | | | | | | |
| Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| Were any gross proceeds invested beyond an available temporary period? | | Х | | X | | х | | × |
| Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |
| | contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor | Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor |

Part V Procedures To Undertake Corrective Action

meet the exception for rebate

| | A | | В | | С | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has 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? | Х | | х | | X | | Х | |

| Part VI Supplementa | I Information. Provide additional information for responses to questions on Schedule K (see instructions). | | | | | | | |
|---------------------|---|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | |
| Part I | Schedule K - For purposes of reporting bond issuance allocations on Schedule K to the Internal Revenue Service, West Virginia University Hospitals, Inc WVUH as parent company to City Hospital Inc CHI, The Charles Town General Hospital dba Jefferson Memorial Hospital JMH, and University Healthcare Foundation UHF, is reporting bond issuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return United Hospital Center, Inc UHC EIN 55-0525724 and Camden-Clark Memorial Hospital Corporation CCMH EIN 31-1524546 are reporting bond allocations issued to them on the return filed by such taxpayer Several bond issuances were issued in multiple 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 UHC and CCMH 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. | | | | | | | |
| Part I Line D | The 2009 C Series Bonds were issued as one series but were allocated within the Obligated Group to WVUH and CHI issue price - 31,894,128 and UHC 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, Part I, Line D of this return The UHC allocated portion of the 2009 Series C Bonds is reported on the tax return filed by such taxpayer | | | | | | | |
| Part II | Column B - The total issue price reported on Line 3 for the 2003 D Bonds of 45,750,000 varies from the total of Lines 4 through 12 by 27,357, is due to overfunding of the escrow fund at the close of the bonds that was subsequently transferred to the project fund for capital expenditures | | | | | | | |
| Part II | Column C - The total issue price reported on Line 3 for the 2008 E Bonds of 34,369,757 varies from the bond issuance listed in Part I, Line I, Column e by 18,876 of investment proceeds from debt service reserve fund. The total of Lines 4 through 12 varies from Line 3 by 13,356 of additional proceeds received from the interest fund of the refunded 2005 A bond issuance. | | | | | | | |
| Part II | Column D - 2009 C Series The total of Lines 4 through 12 varies from Line 3 by 137,161 This variance is due to an overfunding of the refunding escrow for UHC at closing, which was subsequently transferred to the WVUH/WVUH-East project fund for capital expenditures | | | | | | | |
| Part II Line 11 | All pages - Amounts shown on line 11 represent the amount needed to refund bonds listed in Part I Column f | | | | | | | |
| Part III Line 3b | Prior to each bond issuance the West Virginia United Health System WVUHS engages bond counsel to review all managment and service contracts, leases and research agreements for all hospitals involved in the issuance. Per the Post Issuance Compliance policy put in place during 2012 if a contract/service agreement that has been provided to legal could generate private business use the contract/service agreement is sent to bond council for review. | | | | | | | |
| Part III Line 3d | The WVUH tax accountant routinely reviews research agreements maintained by the WVU Research Corp, an unrelated not-for-profit, any research agreement that may generate private business use is sent to bond council for review and analysis for private business use if necessary | | | | | | | |
| Part III Line 8b | Column B - The Item was sold after the expiration of its useful life fully depreciated and the sale took place after all bond project funds were expended | | | | | | | |
| Part IV Line C | Rebate computations for 2003 Series BD were last performed on 9/4/2007, all proceeds were spent, no liability due Final Rebate computation for 2008 Series E bond was performed on 10/17/2013 no liability due Rebate calculation is not yet required for 2009 Series C bond, this issuance is expected to | | | | | | | |

DLN: 93493318019114

Open to Public

OMB No 1545-0047

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 Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

55-0643304

Department of the Treasury Internal Revenue Service Name of the organization

West Virginia University Hospitals Inc

Part I Bond Issues **(h)** O n (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No West Virginia Hospital Finance Authority 62-1256910 06-30-2011 28,520,000 2011D - Refund 1998 Bonds Χ Χ Χ West Virginia Hospital Finance 2011E - Fund construction Χ Χ Authority 62-1256910 06-30-2011 16,345,000 upgrades at WVUH and City Χ Hospital, Inc West Virginia Hospital Finance 23,770,000 2012 C - Refund 2008 D Bond 08-01-2012 Χ Χ Χ Authority 62-1256910 West Virginia Hospital Finance 2012 D - Refund 2009 A Bonds 45,680,000 Authority 62-1256910 10-02-2012 Χ Χ Χ Part II Proceeds

| | , | A | В | Ü | D |
|----|--|------------|------------|------------|------------|
| 1 | A mount of bonds retired | 2,249,375 | | 840,000 | |
| 2 | A mount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 28,520,000 | 16,399,938 | 23,770,000 | 45,680,000 |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 138,529 | 64,499 | 100,000 | 90,000 |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 5,976,323 | 5,976,323 | | |
| | Other count proceeds | | | | |

| _ | · | | | | | | | 1 | |
|-------|--|-----|------------|-----|------------|-----|------------|-----|------------|
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 5,976,323 | | 5,976,323 | | | | |
| 11 | O ther spent proceeds | | 28,381,471 | | | | 23,670,000 | , | 45,590,000 |
| 12 | O ther unspent proceeds | | 10,359,116 | | 10,359,116 | | | | |
| 13 | Year of substantial completion | 20 | 11 | | _ | 20 | 12 | 20 | 12 |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | Х | | | Х | Х | | Х | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | х | | Х | | Х | | |
| 16 | Has the final allocation of proceeds been made? | Х | | | Х | Х | | Х | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | Х | | Х | | X | | Х | |
| Danie | Private Preince Hee | | | | | | | | • |

Part IIII Private Business Use

| | | Α | | В | | С | | , D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | 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 | | × | | Х | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | Х | | Х | | Х | | |

Was the hedge superintegrated?

Was the hedge terminated?

d

е

| Part | Private Business Use (Continued) | | | | | | | | | |
|------|--|--------------------|-----|-----|-----|-----|-----|-----|-----|----|
| | | | Δ | | В | 1 | | С | | D |
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in pri of bond-financed property? | | Х | | х | | × | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond couns outside counsel to review any management or service contracts relat property? | | Х | | x | | × | | | |
| С | Are there any research agreements that may result in private busines financed property? | ss use of bond- | Х | | | Х | Х | | | |
| d | 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 ▶ | | | | | | | | | |
| 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 | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | Х | | Х | | |
| 8a | | | | х | | х | | × | | |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property so | old or disposed of | | | • | | | • | | • |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regular 1 141-12 and 1 145-2? | tions sections | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that al bonds of the issue are remediated in accordance with the requirement Regulations sections 1 141-12 and 1 145-2? | | Х | | х | | Х | | | |
| Par | t IV Arbitrage | | | _ | | | | | | |
| | | Α | | 1 | В | | С | | D | |
| | Has the recover filed Form 2029, T2 | Yes | No | Yes | No | Yes | No | Yes | | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | X | | X | | | Х |
| 2 | If "No" to line 1, did the following apply? | | | | _ | | | | | |
| а | Rebate not due yet? | | Χ | Х | | | X | | | Χ |
| ь | Exception to rebate? | Х | | | Х | Х | | Х | | |
| c | No rebate due? | | X | | X | | Х | | | Х |

| Has the issuer filed Form 8038-T? | | Х | | Х | | Х | | X |
|---|---|---|---|---|---|---|---|--|
| If "No" to line 1, did the following apply? | | | | | | | | |
| Rebate not due yet? | | Х | Х | | | Х | | Х |
| Exception to rebate? | Х | | | Х | Х | | Х | |
| No rebate due? | | Х | | Х | | Х | | Х |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | _ | |
| | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? X X X X If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If you checked "No rebate due" in line 2c, provide in | If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? X X X X X X X If you checked "No rebate due" in line 2c, provide in |

| | No repute due | | | ^ | | _ ^ | | _ ^ |
|----|--|-------------------------|---|---|---|-----|--------------|------------|
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | Х | Х | | Х | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | × | | × | Х | |
| b | Name of provider | UBS AG | | | | | | |
| С | Term of hedge | 0000000020 500000000000 | | | | | 0000000020 5 | 0000000000 |

Χ

Χ

Χ

Χ

Part IV Arbitrage (Continued)

| | | | Α | | В | | С | | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | 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? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | X | | x | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | x | | Х | | X | | x | |

Part V Procedures To Undertake Corrective Action

| Has 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? |

| Α | | В | | С | | D | | |
|-----|----|-----|----|-----|----|-----|----|--|
| Yes | No | Yes | No | Yes | No | Yes | No | |
| х | | x | | х | | x | | |

| Part VI | Supplemental Info | ormation. Provide additional | Information for res | ponses to que | estions on Schedule K (| see instructions). |
|---------|-------------------|------------------------------|---------------------|---------------|-------------------------|--------------------|
| | | | | | | |

| Return Reference | Explanation |
|------------------|--|
| Part I Line C | The 2012 Series C Bonds issue price 23,770,000 were issued collectively with 2012 Series A Bonds issue price 38,145,000 and 2012 Series B Bonds issue price 50,080,000 totaling 111,995,000 total issue price for all three series reported on Form 8038 for August 1, 2012 issuance. The full Series A Bonds were allocated to United Hospital Center and the full Series B Bonds were allocated to Camden-Clark Medical Center and will be reported on their Schedule K. |
| Part II Line 3 | Column B - the difference between the amount reported in Part I Line B 16,345,000 for 2011E Bond and the amount reported in Part II Line 3 Column B 16,399,938 is interest earned on the project fund since the issuance of the bonds. This amount has also been added to line 12 total unspent proceeds |
| Part IV Line 2b | Columns A, C, D - 2011 Series D, 2012 Series CD issuances are expected to meet the exception to rebate |
| Part IV Line 3 | Column A and B - Interest will accrue at a fixed rate through June 30, 2021, thereafter it will accrue at a variable rate |

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DLN: 93493318019114 OMB No 1545-0047

2013

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 Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

| Internal Revenue Service | |
|--------------------------|---|
| Name of the organization | _ |
| West Virginia Universit | ۰ |

17

1

allocation of proceeds? Part IIII Private Business Use

financed property?

Parit Bond Issues

Department of the Treasury

West Virginia University Hospitals Inc

Employer identification number

55-0643304

C

No

Yes

| | Bond Issues | | | | | | | | | | | | | |
|-----|---|--|--------------------|-----------------|----------------|------------------|--|----------------------------|-----|--------|---------------------------------|-----|-----------------------|----|
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue prid | ce | (f) Descriptio | (f) Description of purpose | | feased | (h) On d behalf of issuer | | (i) Pool financing | |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | West Virginia Hospital Finance Authority | 62-1256910 | | 10-02-2012 | 20,325, | 000 2 | 012 E - Refund 2009 B Bond | | ; | x | | × | | Х |
| В | West Virginia Hospital Finance Authority | 62-1256910 | 956622E91 | 10-03-2013 | 158,374, | h 6 6 1 | 2013 A - New construction an enovations to WVUH | | t | Х | | х | | х |
| Pa | rt III Proceeds | | | | | | | | | | | • | • | |
| | | | | | Α | | В | 3 | | С | | | D | |
| _1_ | A mount of bonds retired | | | | | 750,000 | | | | | | | | |
| _2 | Amount of bonds legally defea | ised ———————————————————————————————————— | | | | | | | | | | | | |
| _3 | Total proceeds of issue | | | | 20, | ,325,00 | 00 15 | 58,374,566 | | | | | | |
| 4 | Gross proceeds in reserve fun | nds | | | | | | | | | | | | |
| 5 | Capitalized interest from proce | eeds | | | 23, | ,654,1 | 12 23,654,112 | | | | | | | |
| 6 | Proceeds in refunding escrows | 5 | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | 5 | | | | 60,000 1,388,439 | | 1,388,439 | | | | | | |
| 8 | Credit enhancement from proc | eeds | | | | | | | | | | | | |
| 9 | Working capital expenditures f | from proceeds | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | ceeds | | | 15, | ,129,3! | 51 1 | 15,129,351 | | | | | | |
| 11 | Other spent proceeds | | | | + | ,265,00 | | | | | | | | |
| 12 | O ther unspent proceeds | | | | 118, | ,202,66 | 64 11 | 18,202,664 | | | | | | |
| 13 | Year of substantial completion | ำ | | | 2012 | | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | N | lo | Yes | | No |
| 14 | Were the bonds issued as part | t of a current refund | ing issue? | | X | | | Х | | | | | | |
| 15 | Were the bonds issued as part | t of an advance refu | nding issue? | | | Х | × | | | | | | | |
| 16 | Has the final allocation of proc | teeds been made? | | | X | | | Х | | | | | | |
| | | | | | | | $\overline{}$ | | | _ | | | | |

Χ

Yes

Α

property financed by tax-exempt bonds?

Does the organization maintain adequate books and records to support the final

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

В

No

Χ

Χ

Yes

D

No

Part III Private Business Use (Continued)

| 1201 | Private Business Use (Conunuea) | | | | | | | | |
|------|--|-----|---------|-----|----|-----|----|-----|----|
| | | | A | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | × | | | × | | | | |
| 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 | | 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? | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | Х | | | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | Х | | | Х | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | 0 545 % | | | | _ | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | Х | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | × | | Х | | | | | |
| | TIV Aubitroso | | | | | | | | |

Part IV Arbitrage

| | | | Α | | В | | С | | |
|----|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | Х | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | - | | | | |
| а | Rebate not due yet? | | Х | х | | | | | |
| ь | Exception to rebate? | Х | | | Х | | | | |
| С | No rebate due? | | Х | | Х | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | • | | | | | |
| 3 | Is the bond issue a variable rate issue? | Х | | | Х | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | X | | | | |
| ь | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |
| | Schedule K (Form 990) 2013 | | | | | | | | |

| Part IV / | \rbitrage | (Continued) |
|-----------|-----------|-------------|
|-----------|-----------|-------------|

| | | | Α | | В | | С | | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | - | - | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | x | | x | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| Has 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? |

| Α | | В | | С | | D | |
|-----|----|-----|----|-----|----|-----|----|
| Yes | No | Yes | No | Yes | No | Yes | No |
| x | | x | | | | | |

| Part VI | Supplemental Info | ormation. Provide additior | nal information for res | ponses to que | estions on Schedule K (| see instructions) | |
|---------|-------------------|-----------------------------------|-------------------------|---------------|-------------------------|-------------------|--|
| | | | | | | | |

| Return Reference | Explanation | | | | |
|------------------|---|--|--|--|--|
| Part I Line B | The 2013 A Series Bonds were issued as one series but were allocated within the Obligated Group to WVUH issue price - 158,374,566 and CCMH issue price - 47,037,860. The total issue price for the 2013 A Series Bonds was 205,412,426 consistent with total issue price reported on Form 8038 for October 3, 2013 issuance, CUSIP 956622E91. Only the portion of proceeds allocated to WVUH has been reported on this return Part I Line B of the third Schedule K. The CCMH allocated portion of the 2013 A Series Bonds is being used for refunding of their 2004 bonds and expansion and renovation projects as reported on the tax return filed by CCMH. | | | | |
| | WVUH legally defeased their portion of the 2011 Series B bonds by repaying the outstanding project fund balance and cost of issuance. These bonds were issued together with money to CCMH and UHC. The portion issued to CCMH is still outstanding and is reported on their Form 990 Schedule K. | | | | |
| Part III Line 8c | Column A - The items sold were fully depreciated at the time of the sale, the proceeds received were put back in to the purchase of like items, no remedial action was required | | | | |
| Part IV Line 2b | Column A - 2012 Series E issuance is expected to meet the exception to rebate | | | | |

DLN: 93493318019114

OMB No 1545-0047

(Form 990)

SCHEDULE M

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

Noncash Contributions

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

| | e of the organization Virginia University Hospitals Inc | | | | Employer identificat | ion nur | mber | |
|------|---|----------------------------------|--|--|--------------------------------|---------|-------------------|-----|
| WEST | virginia Oniversity nospitals inc | | | | 55-0643304 | | | |
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contributio amounts reported o Form 990, Part VIII line 1g | n Method of n noncash contr | | _ | nts |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | | | | | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| | Other ► (Ical Equipment) | × | 7 | 560,9 | 33 Cost | | | |
| 26 | O ther ▶() | | | | | | | |
| 27 | O ther ▶() | | | | | | | |
| 28 | O ther ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received by the for which the organization completed | | | | 29 | | | |
| 305 | During the year, did the organization | receive by | contribution any property i | ranortad in Part I lines | 1 through 28 that | | Yes | No |
| Jua | it must hold for at least three years f | | | | | | | |
| | • | | | • | ned to be used | | | |
| | for exempt purposes for the entire ho | | | | | 30a | \longrightarrow | |
| | If "Yes," describe the arrangement in | | | | | _ | | |
| 31 | Does the organization have a gift acc | eptance po | licy that requires the revie | w of any non-standard | contributions? | 31 | | No_ |
| 32a | Does the organization hire or use this contributions? | | ·- | | | 32a | | No |
| b | If "Yes," describe in Part II | | | | | | T | |
| 33 | If the organization did not report an a | mount in co | olumn (c) for a type of prop | erty for which column | (a) is checked, | | | |

describe in Part II

| number of items re | ceived, or a combination of both. Also complete this part for any additional information. |
|--------------------|--|
| Return Reference | Explanation |
| | All items purchased by the WVU Foundation are for use in the WVU Childrens Hospital NICU, MICU, or Child Abuse Program During 2013 the following equipment was purchased - IV mobile rolling cart, Perinatal Newborn Bassinets, Phillips 6 wave monitor system, Phillips MP5 Monitor System, MR Incubator System, Video Colposcope |

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

Schedule M (Form 990) (2013)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493318019114

OMB No 1545-0047

2013

Open to Public
Inspection

Supplemental Information to 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

_____www.irs.gov/form990.

Name of the organization
West Virginia University Hospitals Inc

Employer identification number

55-0643304

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990, Part III, Line 4d | Program Service Expenses 47,388,221, Grants and allocations 0, Revenue 70,085,545 General Surgery - WVU Hospitals surgeons, combined with our state-of- the-art surgical technologies, provide patients with some of the most advanced medical care available today. Innovating technologies, like minimally invasive robotic surgery, help reduce pain, decrease recovery time, and improve surgical outcomes. WVUH offers procedures for a range of conditions, such as cardiovascular surgery for ischemic, valvular, and congenital heart disease, pacemaker implants, gastrointestinal surgery, general pediatric, pediatric urology, and pediatric cardiothoracic surgery, thoracic surgery, surgery for injuries that result from trauma, vascular surgery involving vessels of the head, neck, extremities, and abdominal aorta, surgical oncology, and urologic disorders |

| Return Reference | Explanation |
|-----------------------------------|---|
| Form 990, Part III, Line 4d | Program Service Expenses 33,774,290, Grants and allocations 0, Revenue 43,282,240 Pediatrics - The WVU Pediatrics and Adolescent Care Clinic is staffed by general pediatricians, family practitioners, and a team of nurses specially trained to care for children from infancy to young adulthood. Were here for all the typical problems that accompany a childs growth and development, providing routine care such as immunizations, well-child check-ups, treatment for ear infections and more. While our primary focus is preventative care, we are well-equiped to handle everything from common pediatrics illness to complex medical conditions. Our doctors and nurses provide the highest quality care for both inpatent and outpatient children |

| Return Reference | Explanation |
|--------------------------------|--|
| Form 990, Part III, Line 4d | Program Service Expenses 250,990,950, Grants and allocations 1,243,474, Revenue 354,058,802 WVU Hospitals offers a wide variety of other healthcare services that include but are not limited to Cardiology, Obstetrics/Gynecology, Neonatal care, Behavioral Medicine, Neurology, Otolaryngology, Emergency Medicine, Neurosurgery, and Family Medicine |

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

| Return Reference | Explanation |
|---------------------|--|
| | 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 Compliance Audit Committee. After being presented to the committee, it is provided to all Board members for comments. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 12c | Annually, all Board Members, Vice Presidents, officers, and managers are required to disclose any relationships which may give rise to a conflict of interest. The responses are then input into spreadsheet format and are forwarded to the Vice President of Corporate Compliance for review and recommendations for resolution. The recommendations are then provided to the President and/or Board of WVUH for consideration and determination of final action. Nothing of concern was found during the review in 2013. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 15a | The compensation of the CEO is determined by the WV United Health System Compensation Committee based upon a salary and benefit survey prepared by an independent company using data of comparable facilities. This information is provided to the compensation committee which is made up of independent board members who are then responsible for setting the compensation packages offered to each executive, ensuring that the compensation package does not exceed fair market value based on the data from the consultant group. The minutes of the compensation committee are contemporaneously documented and retained. The most recent survey was completed in 2012 for 2013 compensation amounts, with interim data provided by the independent consultant to the compensation committee in 2013. |

| Return Reference | Explanation |
|---------------------|---|
| 15b | The compensation of all officers at the Vice President level and below 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. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, Line 19 | The WV Healthcare Authority publishes the annual financial statements of WVUH in the local new spapers. All other financial and governing documents including the conflict of interest policy are available upon request at the WVUH Administration Office during normal business hours. |

| Return Reference | Explanation |
|---------------------|--|
| I ' ' | Related organization capitalization transfers of 591,029 and obligation to the West Virginia University School of Medicine of 3,119,898 under the Joint Operating Agreement and 1 rounding |

| Return Reference | Explanation |
|--------------------------------|---|
| Form 990, Part IV, Line 24a | 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 University Healthcare Foundation, is reporting bond issuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return |

| Return Reference | Explanation |
|---------------------|---|
| · · | 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. |

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DLN: 93493318019114

OMB No 1545-0047

Open to Public Inspection

Employer identification number

55-0643304

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

West Virginia University Hospitals Inc

(Form 990)

| (a) Name, address, and EIN (ıf applıcable) of dısregarded entity | (b) Primary activity | (c) Legal domicile (state | (d) Total income | (e) End-of-year assets | (f) Direct controlling | | |
|---|--------------------------------|------------------------------|-------------------------|---------------------------|---------------------------|--------------|------------------------|
| name, address, and Eliv (ii applicable) of allocyalded entity | Timely delivity | or foreign country) | Total mesme | Lina or year assets | entity | | |
| | | | | | | <u>-</u> | |
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| | | | | F 000 B | - LTV L - 24 b | 1 la - al - | |
| Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the | | tne organization ai | nswered "Yes" | on Form 990, P | art IV, line 34 because | it nad o | ne |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state | (d) Exempt Code sect | | status Direct controlling | Sectio | (g) n 512(b) |
| | | or foreign country) | | (if section 501) | | (13) c | controlled ntity? |
| oo Additional Data Table | | or foreign country) | | (if section 501) | | (13) c | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501i | | (13) c er | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501i | | (13) c er | ntity? |
| iee Addıtıonal Data Table | | or foreign country) | | (if section 501i | | (13) c er | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501i | | (13) c er | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501) | | (13) c er | ntity? |
| iee Additional Data Table | | or foreign country) | | (if section 501) | | (13) c er | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501) | | (13) c er | ntity? |
| ee Additional Data Table | | or foreign country) | | (if section 501) | | (13) c er | ntity? |

| (a) | (b) | (c) | (d) | (e | | (f) | (g) | (h | 1) | (i) | (j) | | (k) | |
|---|-------------------------------|--|--|------|---|----------------|-----------------------------------|-----------------------------------|--------------|----------------------------------|--------------------------|------|-------------------------|--|
| Name, address, and EIN related organization | of | Primary activity | Primary activity Legal domicile (state or foreign country) | | Predominant income(relate unrelated, excluded fror tax under sections 512 | | Share of total income | Share of end-of-year assets | allocations? | | sproprtionate Code V-UBI | | ral or aging ner? | Percentage ownership |
| | | | | | 314) | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | | |
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| Part IV Identification of Related Colors line 34 because it had one or | | | | | | | | | wered | d "Yes | " on Form | 990, | Part | IV, |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicil (state or fo country | reign | Dire | (d) ct controlling entity | Type (C cor | (e) of entity S o, S corp, trust) | (f) hare of total income | | (g) of end- year assets | of- Percen owner | tage | | (i) Section 512 (b)(13) controlled entity? |
| | | | , | | | | | | | | | | Ţ | Yes No |
| (1) Allied Health Services Inc PO Box 782 Morgantown, WV 26507 55-0652017 | Medical Lab | WV | | N/A | | C Corp | | | | | 100 00 | 00 % | | No |
| (2) West Virginia United Insurance Services Inc | Provider Network | WV | | N/A | | C Corp | | | | | 100 00 | 0 % | | No |
| 1000 Technology Drive Suite 2320 Fairmont, WV 26554 55-0756055 | | | | | | | | | | | | | | |
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more re | elated organızatıons lı | sted in Parts II-IV? | | | | | | | |
|-------------|---|---|------------------------|----------------------------------|------------|---------|----|--|--|--|
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | Yes | | | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No | | | |
| C | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | Yes | | | | |
| e | Loans or loan guarantees by related organization(s) | | | | 1e | | No | | | |
| f | Dividends from related organization(s) | | | | 1f | | No | | | |
| g | Sale of assets to related organization(s) | | | | 1 g | | No | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | No | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | No | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Yes | | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | No | | | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | No | | | |
| | Sharing of paid employees with related organization(s) | | | | 1 0 | | No | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | Yes | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Yes | | | | |
| | | | | | | | | | | |
| | Other transfer of cash or property to related organization(s) | | | | 1r | | No | | | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | No | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | e this line, including co | overed relationships | and transaction thresholds | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount i | nvolved | | | | |
| 1) W | est Virginia University Hospitals East Inc | a | 314,122 | Cost | | | | | | |
| 2) W | est Virginia University Hospitals East Inc | d | 7,379,445 | Cost | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|--|-----|--|------------------------------------|--|--|----|--|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: 13000230 **Software Version:** 13.6.0.0 **EIN:** 55-0643304

Name: West Virginia University Hospitals Inc

| Form 990, Schedule R, Part II - Identification of F | | | 1 40 | 1 | 1 60 | 1 , | |
|---|-------------------------------|---|-------------------------------|---|-------------------------------|--------------------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | Sectio (b)(contr ent | (g) ion 512)(13) trolled tity? |
| (1) West Virginia United Health System | Healthcare access | WV | 501c3 | 11 a | N/A | Yes | No No |
| 1000 Technology Drive Fairmont, WV 26554 55-0754713 | | | | | | | |
| (1) West Virginia University Hospitals East Inc | Healthcare access | WV | 501c3 | 11 a | WVU Hospitals Inc | Yes | + |
| 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 20-2337985 | | | | | | | |
| (2) City Hospital Inc | Patient Care | WV | 501c3 | 3 | WV U H - East Inc | Yes | + 1 |
| 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 55-0383321 | | | | | | | |
| (3) Jefferson Memorial Hospital | Patient Care | WV | 501c3 | 3 | WVUH-East Inc | Yes | |
| 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 55-0359755 | | | | | | | |
| (4) University Healthcare Foundation | Support City Hospital | WV | 501c3 | 11 a | N/A | | No |
| 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 31-1118075 | | | | | | | |
| (5) Jefferson Healthcare Foundation Inc | Support Jefferson Hospital | WV | 501c3 | 11 a | N/A | | No |
| 2000 Foundation Way Suite 2310 Martinsburg, WV 25401 55-0768901 | | | | | | | |
| (6) United Summit Center | Behavioral Health | WV | 501c3 | 3 | N/A | _ | No |
| 6 Hospital Plaza Clarksburg, WV 26301 55-0752788 | | | | | | | |
| (7) United Hospital Center Inc | Patient Care | WV | 501c3 | 3 | WV United Health Systems | Yes | Ţ , |
| 327 Medical Park Drive Bridgeport, WV 26330 55-0525724 | | | | | | | |
| (8) United Physicians Care Inc | Patient Care | WV | 501c3 | 3 | N/A | | No |
| 686 South Pike Street Shinnston, WV 26431 55-0638563 | | | | | | | |
| (9) United Health Foundation | Hospital Support | WV | 501c3 | 11a | N/A | | No |
| 327 Medical Park Drive Bridgeport, WV 26330 55-0621706 | | | | | | | |
| (10) WV Health Care Co-Op | Support | WV | 501c3 | 11a | WV United Health Systems | Yes | |
| PO Box 8059 Morgantown, WV 26506 55-0650441 | | | | | | | |
| (11) Healthnet Inc | Support | WV | 501c3 | 11a | N/A | | No |
| 419 Brooks Street Charleston, WV 25301 55-0681969 | | | | | | | |
| (12) Camden-Clark Health Services | Healthcare Access | WV | 501c3 | 11a, I | N/A | | No |
| 800 Garfield Ave Parkersburg, WV 26102 55-0769602 | | | | | | | |
| (13) Camden-Clark Foundation | Hospital Support | WV | 501c3 | 11a | N/A | | No |
| 800 Garfield Ave Parkersburg, WV 26102 55-0667789 | | | | | | | |
| (14) Camden-Clark Memorial Hospital | Patient Care | WV | 501c3 | 3 | WV United Health Systems | Yes | |
| 800 Garfield Ave Parkersburg, WV 26102 31-1524546 | | | | | | | |
| (15) Camden-Clark Physician Corp | Patient Care | WV | 501c3 | 11a, I | N/A | | No |
| 604 Ann Street Parkersburg, WV 26102 26-4058719 | | | | | | | |
| (16) West Virginia University Medical Corporation | Healthcare Access | WV | 501c3 | 3 | N/A | | No |
| PO Box 897 Morgantown, WV 26507 55-0492006 | | | | | | | |

Consolidated Financial Statements and Supplementary Information

December 31, 2013 and 2012



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Independent Auditors' Report

Board of Directors West Virginia United Health System, Inc.

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of West Virginia United Health System, Inc. and controlled entities (collectively, the "System"), which comprise the consolidated balance sheet as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, 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, 2013 and 2012, and the results of their operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary consolidating information 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 April 14, 2014

Parente Beard LLC

Consolidated Balance Sheet December 31, 2013 and 2012 (In Thousands)

| | 2013 | 2012 | | 2013 | 2012 |
|--|--------------|--------------|---|--------------|--------------|
| Assets | | | Liabilities and Net Assets | | |
| Current Assets | | | Current Liabilities | | |
| Cash and cash equivalents | \$ 78,170 | \$ 69,247 | Line of credit | \$ 9,559 | \$ 14,031 |
| Current portion of assets whose use is limited | 18,861 | 16,703 | Current maturities of long-term debt | 21,960 | 20,842 |
| Accounts receivable | | | Accounts payable and accrued expenses | 79,906 | 69,666 |
| Patients, net of estimated allowance for doubtful accounts | | | Estimated third-party payor settlements | 6,786 | 15,993 |
| of \$130,118 in 2013 and \$96,358 in 2012 | 171,663 | 181,992 | Salaries and benefits payable | 67,986 | 66,271 |
| Other | 12,201 | 17,830 | Accrued interest payable | 4,404 | 2,705 |
| Inventories of supplies | 28,110 | 27,483 | Current portion of estimated malpractice costs | 11,398 | 11,672 |
| Prepaid expenses and other current assets | 10,417 | 8,489 | Deferred revenue | 798_ | 602_ |
| Total current assets | 319,422 | 321,744 | Total current liabilities | 202,797 | 201,782 |
| Assets Whose Use Is Limited | | | Long-Term Debt | 855,860 | 682,742 |
| Board-designated funds | | | | | |
| Funded depreciation | 501,115 | 447,918 | Noncurrent Portion of Estimated Malpractice Costs | 42,356 | 39,509 |
| Debt repayment | 176,281 | 145,750 | | | |
| Malpractice self-insurance | 23,712 | 25,313 | Derivative Financial Instruments | 35,977 | 62,043 |
| Under trust indenture, held by trustee | 206,419 | 35,907 | | | |
| Malpractice self-insurance, held by trustee | 25,604 | 14,506 | Pension Liability | 2,626 | 14,174 |
| Foundation investments | 18,892 | 17,188 | | | |
| | | | Other Long-Term Liabilities | 3,504 | 2,020 |
| Noncurrent portion of assets whose use is limited | 952,023 | 686,582 | | | |
| | | | Total liabilities | 1,143,120 | 1,002,270 |
| Property and Equipment, Net | 823,741 | 868,633 | | - | |
| | | | Net Assets | | |
| Restricted Assets Held by Third-Parties | 13,994 | 12,924 | Unrestricted | 1,016,154 | 921,039 |
| | | | Temporarily restricted | 9,828 | 9,073 |
| Deferred Financing Costs, Net | 11,918 | 10,657 | Permanently restricted | 6,265 | 5,749 |
| Other Assets, Net | 54,269 | 37,591 | Total net assets | 1,032,247 | 935,861 |
| Total assets | \$ 2,175,367 | \$ 1,938,131 | Total liabilities and net assets | \$ 2,175,367 | \$ 1,938,131 |

Consolidated Statement of Operations Years Ended December 31, 2013 and 2012 (In Thousands)

| | 2013 | 2012 |
|--|--------------|--------------|
| Unrestricted Devenues, Coins, and Other Sunner | | |
| Unrestricted Revenues, Gains, and Other Support | ¢ 4.474.040 | £ 1.440.041 |
| Patient service revenues (net of contractual allowances and discounts) | \$ 1,474,918 | \$ 1,440,041 |
| Provision for bad debts | (126,805) | (120,035) |
| Net patient service revenues | 1,348,113 | 1,320,006 |
| Other revenues | 72,326 | 66,682 |
| Total unrestricted revenues, gains, and other support | 1,420,439 | 1,386,688 |
| Expenses | | |
| Supplies and purchased services | 559,457 | 535,190 |
| Salaries and wages | 575,545 | 555,868 |
| Employee benefits | 138,893 | 129,785 |
| Depreciation and amortization | 99,230 | 96,413 |
| Interest | 31,484 | 32,729 |
| - | | |
| Total expenses | 1,404,609 | 1,349,985 |
| Operating income | 15,830 | 36,703 |
| Other Income (Loss) | | |
| Investment income | 88,278 | 53,985 |
| Change in fair value of derivative financial instruments | 25,826 | 2,670 |
| Asset impairment loss | (41,227) | _, <u>-</u> |
| Other, net | 85 | 2,092 |
| Revenues in excess of expenses | 88,792 | 95,450 |
| Trevenues in expenses | 00,702 | 00,400 |
| Pension Liability Adjustment | 8,983 | 2,990 |
| Transfers to the School of Medicine and Strategic Initiatives | (3,120) | (2,671) |
| Other | 460 | 571 |
| Increase in unrestricted net assets | \$ 95,115 | \$ 96,340 |

Consolidated Statement of Changes in Net Assets Years Ended December 31, 2013 and 2012 (In Thousands)

| | 2013 | | 2012 | |
|---|------|-----------|------|---------|
| Unrestricted Net Assets | | | | |
| Revenues in excess of expenses | \$ | 88,792 | \$ | 95,450 |
| Pension liability adjustment | Φ | 8,983 | Φ | 2,990 |
| Transfers to the School of Medicine and Strategic Initiatives | | (3,120) | | (2,671) |
| Other | | (3, 120) | | 571 |
| Outer | | 400 | | |
| Increase in unrestricted net assets | | 95,115 | | 96,340 |
| Temporarily Restricted Net Assets | | | | |
| Increase in temporarily restricted assets held by the | | | | |
| West Virginia University Foundation | | 923 | | 1,050 |
| Contributions and grants | | 594 | | 728 |
| Change in value of split-interest agreements | | 14 | | 73 |
| Net assets released from restrictions | | (776) | | (891) |
| Increase in temporarily restricted net assets | | 755 | | 960 |
| Permanently Restricted Net Assets | | | | |
| Valuation gain | | 472 | | 358 |
| Increase in permanently restricted assets held by the | | | | |
| West Virginia University Foundation | | 44 | | 37 |
| Increase in permanently restricted net assets | | 516 | | 395 |
| Change in net assets | | 96,386 | | 97,695 |
| Net Assets, Beginning | | 935,861 | | 838,166 |
| Net Assets, Ending | \$ | 1,032,247 | \$ | 935,861 |

Consolidated Statement of Cash Flows Years Ended December 31, 2013 and 2012 (In Thousands)

| | 2013 | | | 2012 | |
|--|------|--------------------------------|----|-------------------|--|
| Cash Flows from Operating Activities | | | | | |
| Change in net assets | \$ | 96,386 | \$ | 97,695 | |
| Adjustments to reconcile change in net assets to | Ψ | 00,000 | Ψ | 07,000 | |
| net cash provided by operating activities | | | | | |
| Provision for doubtful collections | | 126,805 | | 120,035 | |
| Depreciation and amortization | | 99,230 | | 96,413 | |
| Change in fair value of derivative financial instruments | | (26,066) | | (2,910) | |
| Net realized and unrealized (gains) losses on investments | | (74,404) | | (37,525) | |
| Asset impairment loss | | 41,227 | | - | |
| Pension liability adjustment | | (8,983) | | (2,990) | |
| Other operating activities | | ` [′] 10 [′] | | (833) | |
| Changes in assets and liabilities | | | | , , | |
| Patient accounts receivable | | (116,476) | | (129,074) | |
| Other receivables | | 5,629 | | (725) | |
| Inventories of supplies, prepaid expenses and other current assets | | (2,555) | | (977) | |
| Accounts payable and accrued expenses | | 10,240 | | `290 [′] | |
| Estimated third-party payor settlements | | (9,207) | | 683 | |
| Salaries and benefits payable | | 1,715 | | 10,560 | |
| Estimated malpractice costs | | 2,573 | | 3,417 | |
| Other liabilities | | 814 | | (2,108) | |
| | | | | (=) : = = / | |
| Net cash provided by operating activities | | 146,938 | | 151,951 | |
| Cash Flows from Investing Activities | | | | | |
| (Purchases) sales of investments | | (192,812) | | 7,384 | |
| Purchases of property and equipment | | (96,696) | | (96,071) | |
| Increase in other assets | | (17,649) | | (10,300) | |
| Proceeds from the sale of property and equipment | | 1,365 [°] | | 2,663 | |
| Net cash used in investing activities | | (305,792) | | (96,324) | |
| Ocal Floor from Financia a Astrikia | | | | | |
| Cash Flows from Financing Activities | | 007.000 | | 0.40 | |
| Proceeds from the issuance of long-term debt | | 207,039 | | 240 | |
| Repayment of long-term debt | | (32,892) | | (33,319) | |
| Net (repayment) proceeds from line of credit | | (4,472) | | 8,100 | |
| Payment of financing costs | | (1,898) | | (412) | |
| Net cash provided by (used in) financing activities | | 167,777 | | (25,391) | |
| Increase in cash and cash equivalents | | 8,923 | | 30,236 | |
| Cash and Cash Equivalents, Beginning | | 69,247 | | 39,011 | |
| Cash and Cash Equivalents, Ending | \$ | 78,170 | \$ | 69,247 | |
| Supplemental Disclosure of Cash Flow Information Interest paid, net of amounts capitalized | \$ | 27,012 | \$ | 32,489 | |
| Supplemental Disclosure of Noncash Investing and Financing Activities Capital lease for purchase of property and equipment | \$ | | \$ | 1,250 | |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

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"), The Charles Town General Hospital d/b/a Jefferson Memorial Hospital ("JMH") and Jefferson Health Care Foundation, Inc ("JHF")

In May 2013, a rebranding occurred resulting in numerous name changes WVUH-East d/b/a University Healthcare ("University Healthcare"), CHI d/b/a Berkeley Medical Center ("BMC"), and The Charles Town General Hospital d/b/a Jefferson Medical Center ("JMC") On January 1, 2014, the two foundations, CHF and JHF will became one unified entity JHF will be dissolved and merged into CHF d/b/a University Healthcare Foundation

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

JMC is a not-for-profit acute care critical access hospital located in Ranson, West Virginia JMC provides inpatient, outpatient, and emergency care services to the residents of the eastern panhandle of West Virginia and the surrounding communities JMC was designated as a Critical Access Hospital ("CAH") by the Centers for Medicare and Medicaid Services effective December 15, 2005

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

Notes to Consolidated Financial Statements December 31, 2013 and 2012

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 is the sole member of United Health Foundation, Inc ("UHF") and United Summit Center, Inc ("USC")

UHF is a not-for-profit corporation formed for the purpose of performing support activities, including fundraising, that primarily benefit UHC

USC is a not-for-profit corporation formed for the purpose of providing community mental health 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 not-for-profit corporation formed 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 north central West Virginia

West Virginia United Insurance Services, Inc ("WVUIS"), formerly HPN Services, Inc, is a for-profit corporation formed for the purposes of providing services to Health Partners Network, Inc, a physician-hospital organization, negotiating managed care contracts for WVUHS affiliates, and providing other property-casualty-accident and health insurance services for WVUHS affiliates

Notes to Consolidated Financial Statements December 31, 2013 and 2012

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 consolidated 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 consolidated 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 fair value of cash and cash equivalents approximates cost. 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. The System maintained deposits in excess of this coverage at December 31, 2013 and 2012.

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, assets held for debt repayment, and assets held for malpractice self-insurance programs, over which the Board retains control and may, at its discretion, subsequently use for other purposes, assets held by trustees under debt agreements, assets held by trustees in connection with other malpractice self-insurance programs, and assets held by the foundations

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage the System analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, which includes both patients without insurance and insured patients with deductible and copayment balances, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

Inventories of Supplies

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

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value. Cash and cash equivalents are recorded 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 the West Virginia University Foundation, Inc ("WVU Foundation"), an affiliate of West Virginia University, to manage its board-designated funds Some of WVUH and WVU Foundation's investments 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. Depreciation is provided over the estimated useful lives of the assets on a straight-line basis. 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 on 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 \$98,593,000 in 2013 and \$95,749,000 in 2012.

Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Interest costs capitalized were \$2,773,000 in 2013 and \$2,000 in 2012.

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, 2013 and 2012

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 and reported in the non-operating section of the consolidated statement of operations.

In 2013, CCMC assessed the recoverability of the carrying value of certain property and equipment related to the St Joseph's Campus, which resulted in an impairment loss of \$41,227,000 The loss reflected the amounts by which the carrying values of these assets exceed their estimated fair values determined by their estimated future discounted cash flows. There were no impairment losses recognized in 2012.

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.

JMC is a beneficiary of several perpetual income trusts held by third parties. JMC has an irrevocable right to receive its portion, designated by the trust agreements, of the income from the trusts' assets, which are held in perpetuity. JMC has valued its portion of the trusts based on the pro-rata share of the fair value of the assets held in each trust, which represents a proxy for the present value of future cash flows. Income received from the trusts, the use of which has not been restricted by the donors, is included in investment income in the accompanying statement of operations. Valuation gains and losses are classified as increases or decreases in permanently restricted net assets.

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 was \$637,000 in 2013 and \$664,000 in 2012. In connection with debt refinancings, unamortized deferred financing costs of \$759,000 were written off in 2012 and recorded as a loss on early extinguishment of debt.

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.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

Goodwill

Goodwill represents the excess of the amount paid to acquire certain businesses over the fair value of the net assets purchased Goodwill of \$19,963,000 at December 31, 2013 and \$9,013,000 at December 31, 2012 is included in other assets in the consolidated balance sheet. The System evaluates goodwill on an annual basis or more frequently if management believes indicators of impairment exist. The System first assesses qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount, including goodwill. If management concludes that it is more likely than not that the fair value of a reporting unit is less than its carrying amount, management conducts a two-step quantitative goodwill impairment test. The Company's evaluation of goodwill resulted in no impairment losses in 2013 and 2012.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported. Anticipated insurance recoveries, if any, associated with reported claims are recorded separately in the 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

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

Notes to Consolidated Financial Statements December 31, 2013 and 2012

For uninsured patients, the System recognizes revenues on the basis of its standard rates, discounted in accordance with the System's policy. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision of bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in 2013 and 2012 from these major payor sources, are as follows (in thousands).

| | | 20 | 13 | |
|--|-------------------------------------|-------------------------------------|-----------|--------------|
| | Third-Party Government Payors | Third-Party Commercial Payors | Self-Pay | Total |
| Patient service revenues (net of contractual allowances and discounts) | \$ 776,493 | \$ 619,396 | \$ 79,029 | \$ 1,474,918 |
| | | 20 | 12 | |
| | Third-Party Government Payors | Third-Party Commercial Payors | Self-Pay | Total |
| Patient service revenues (net of contractual allowances and discounts) | \$ 787,854 | \$ 571,967 | \$ 80,220 | \$ 1,440,041 |

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 was approximately \$43,568,000 in 2013 and \$44,109,000 in 2012.

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.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

Lease Revenue

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

Advertising Costs

Advertising costs are expensed as incurred

Federal and State Income Taxes

WVUHS, WVUH, CCMC, CCF, CCPC, University Healthcare, BMC, CHF, JMC, JHF, UHC, USC, UHF and UPC 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 and FFC 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 2013 and 2012. 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, 2012. The System's federal income tax returns are no longer subject to examination by federal taxing authorities for years before 2010.

Provider Tax

Effective June 1, 1993, the legislature of the State of West Virginia enacted a broad-based healthcare related tax. This tax is based on net patient service revenues of each hospital at rates ranging from 0 175% to 5 500% of such revenues. The System incurred \$31,611,000 in 2013 and \$32,852,000 in 2012 related to this tax.

Subsequent Events

The System evaluated subsequent events for recognition or disclosure through April 14, 2014, the date the consolidated financial statements were available to be issued

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements to conform with the 2013 presentation

Notes to Consolidated Financial Statements December 31, 2013 and 2012

3. 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 revenue 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 | 2008 |
|------|------|
| UHC | 2009 |
| BMC | 2009 |
| JMC | 2008 |
| CCMC | 2010 |

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 \$13,306,000 in 2013 and \$12,936,000 in 2012, which is included in patient service revenues in the consolidated statement of operations.

The State of West Virginia increases Medicaid reimbursement to qualified public safety net hospitals 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. The UPL payments are recorded in the period in which they are earned. The System recorded UPL payments of \$34,661,000 in 2013 and \$37,688,000 in 2012, which is included in patient service revenues in the consolidated statement of operations.

The laws and regulations governing the UPL program are complex and subject to interpretation. The UPL program is funded by a portion of the Provider Tax (Note 2). There is risk that Congress may change federal policy in the future in a way that might limit or eliminate the UPL payments but maintain the Provider Tax. Furthermore, the 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, 2013 and 2012

Health Care Authority

The Health Care Authority ("HCA") is empowered, by provisions of the West Virginia Code, to regulate the Hospital's gross patient revenue from non-governmental payors and to evaluate financial performance. This is accomplished by issuing rate orders based on the Hospital's budgets and rate schedules and evaluating performance and compliance based on reports submitted by the Hospital on a periodic basis. Addition and deletion of services and the execution of non-governmental discount contracts are also subject to HCA approval.

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 \$10,519,000 in 2013 and \$11,694,000 in 2012 related to its estimates of the ultimate settlement under these third-party arrangements.

4. Meaningful Use

The Health Information Technology for Economic and Clinic Health ("HITECH") portion of the American Recovery and Reinvestment Act of 2009 included incentive payments under the Medicare and Medicaid programs for certain healthcare providers to use certified electronic health records ("EHR") technology in ways that can positively impact patient care. In order to be eligible for EHR incentive funding, eligible hospitals and professionals must use a certified EHR, report quality measures, and demonstrate meaningful use as defined by HITECH.

The System is entitled to receive Medicare and Medicaid incentive payments for the adoption of certified EHR technology as the individual hospitals have satisfied the statutory and regulatory requirements. As such, the System recognized incentives of approximately \$11,324,000 in 2013 and \$8,661,000 in 2012 and included such amounts in other revenues in the consolidated statement of operations. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the System's compliance with the meaningful use criteria is subject to audit by the federal government.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

5. Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2013 and 2012 is as follows (in thousands)

| | | 2013 | | 2012 |
|---|-----|---------|-----|---------|
| Cash and cash equivalents | \$ | 120,854 | \$ | 63,117 |
| U S government and agency obligations | | 171,425 | | 54,899 |
| Marketable equity securities | | 189,270 | | 147,153 |
| Marketable debt securities | | 81,326 | | 87,811 |
| Mutual funds | | | | |
| Domestic equity | | 93,516 | | 75,165 |
| Domestic fixed income | | 64,111 | | 57,679 |
| International equity | | 98,575 | | 55,100 |
| Global bonds | | 23,409 | | 24,535 |
| Alternative investments - cost | | 128,398 | | 137,826 |
| Total assets whose use is limited | | 970,884 | | 703,285 |
| Less current portion of assets whose use is limited | | 18,861 | | 16,703 |
| Noncurrent portion of assets whose use is limited | \$_ | 952,023 | \$_ | 686,582 |

Unrestricted investment income, gains, and losses are comprised of the following in 2013 and 2012 (in thousands)

| | 2013 | | 2012 |
|--|--------------|-----|---------|
| Investment income (loss) | | | |
| Interest and dividend income | \$ 18,510 | \$ | 21,421 |
| Fees | (4,636) | | (4,961) |
| Net realized gains on sales of securities | 22,044 | | 7,157 |
| Change in net unrealized gains and losses on investments other than trading securities Write-downs of the cost basis of investments due to an | 52,838 | | 32,102 |
| other-than-temporary decline in fair value | (478) | | (1,734) |
| Total | \$ 88,278 | \$_ | 53,985 |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

6. Fair Value Measurements and Financial Instruments

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 accounting principles generally accepted in the United States. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows

Level 1 - Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the same term of the asset or liability through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs

Level 3 - Fair value is based on significant unobservable inputs Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques

Notes to Consolidated Financial Statements December 31, 2013 and 2012

The fair value of financial instruments listed below was determined using the following valuation hierarchy at December 31, 2013 and 2012 (in thousands)

| | | | | 2013 | | |
|---|-------------------|-------------------|----|--|---|----------------------------------|
| | Carrying Value | Fair Value | İ | oted Prices in Active Markets (Level 1) | Other bservable Inputs (Level 2) | observable Inputs Level 3) |
| Assets – recurring fair value measurements: | | | | | | |
| Assets whose use is limited | | | | | | |
| Cash and cash equivalents | \$ 120,854 | \$ 120,854 | \$ | 120,854 | \$ - | \$ - |
| US government and | , | , | | • | | |
| agency obligations | 171,425 | 171,425 | | - | 171,425 | - |
| Marketable equity | | | | | | |
| securities | 189,270 | 189,270 | | 189,270 | - | - |
| Marketable debt securities | 81,326 | 81,326 | | - | 81,326 | - |
| Mutual funds | 00.540 | 00.540 | | 70.044 | 04.075 | |
| Domestic equity | 93,516 | 93,516 | | 72,241 | 21,275 | - |
| Domestic fixed income | 64,111 | 64,111 | | 64,111 | - | - |
| International equity | 98,575 | 98,575 | | 98,575 | 10 224 | - |
| Global bonds | 23,409 | 23,409 | | 4,075 | 19,334 | |
| Total assets whose use is | | | | | | |
| limited | \$ 842,486 | 842,486 | | 549,126 | 293,360 | _ |
| Restricted assets held by | | | | | | |
| third-parties | \$ 13,994 | \$ 13,994 | \$ | 13,705 | \$ 289 | \$ |
| Liabilities – recurring fair value measurements: Derivative financial | | | | | | |
| instruments | \$ 35,977 | \$ 35,977 | \$ | - | \$ 35,977 | \$ _ |
| | | | | | | |
| Assets disclosed at fair | | | | | | |
| value: | | | | | | |
| Cash and cash equivalents | \$ 78,170 | \$ 78,170 | \$ | 78,170 | \$ | \$ |
| Liabilities disclosed at fair value: | | | | | | |
| Long-term debt | \$ 877,820 | \$ 892,539 | \$ | = | \$ 628,096 | \$ 264,443 |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

| | | | 2012 | | |
|--|-------------------|-------------------|--|---|----------------------------------|
| | Carrying Value | Fair Value | oted Prices in Active Markets (Level 1) | Other bservable Inputs (Level 2) | observable Inputs Level 3) |
| Assets – recurring fair value measurements: | | | | | |
| Assets whose use is limited | | | | | |
| Cash and cash equivalents US government and | \$ 63,117 | \$ 63,117 | \$ 63,117 | \$ - | \$ - |
| agency obligations Marketable equity | 54,899 | 54,899 | - | 54,899 | - |
| securities | 147,153 | 147,153 | 147,153 | - | - |
| Marketable debt securities Mutual funds | 87,811 | 87,811 | - | 87,811 | - |
| Domestic equity | 75,165 | 75,165 | 58,933 | 16,232 | - |
| Domestic fixed income | 57,679 | 57,679 | 57,679 | - | - |
| International equity | 55,100 | 55,100 | 55,100 | - | - |
| Global bonds | 24,535 | 24,535 | 3,770 | 20,765 | |
| Total assets whose use is | | | | | |
| limited | \$ 565,459 | \$ 565,459 | \$ 385,752 | \$ 179,707 | \$ |
| Restricted assets held by | | | | | |
| third-parties | \$ 12,924 | \$ 12,924 | \$ 11,953 | \$ 971 | \$ |
| Liabilities – recurring fair value measurements: Derivative financial | | | | | |
| ınstruments | \$ 62,043 | \$ 62,043 | \$ | \$ 62,043 | \$ |
| Assets disclosed at fair value: | | | | | |
| Cash and cash equivalents | \$ 69,247 | \$ 69,247 | \$ 69,247 | \$ _ | \$ |
| Liabilities disclosed at fair value: | | | | | |
| Long-term debt | \$ 703,584 | \$ 726,976 | \$ - | \$ 451,043 | \$ 275,933 |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2013 and 2012.

Cash and cash equivalents The carrying amounts approximate fair value because of the short maturity of these financial instruments

U S government and agency obligations Valued based on spreads of published interest rate curves

Marketable equity securities Valued at the closing price reported on the active market on which the individual securities are traded

Marketable debt securities Valued based on spreads of published interest rate curves

Mutual funds Mutual funds include investments in individual mutual funds and commingled funds (fund of funds). The individual mutual funds are valued at the net asset value of shares (basis for trade) held by the System at year end and are rendered Level 1. The commingled funds are not traded on national exchanges or over-the counter markets. The System is provided a net asset value per share for these alternative investments that has been calculated in accordance with investment company rules, which among other requirements indicates that the underlying investments be measured at fair value, and are rendered Level 2. There are no unfunded commitments or significant redemption provisions related to the System's commingled funds.

Restricted assets held by third-parties Assets consist primarily of cash and cash equivalents and mutual funds

Long-term debt Valued based on current rates offered for similar issues with similar securities terms and maturities, or estimated using a discount rate that a market participant would demand

Derivative financial instruments. Valued 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 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.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

Notes to Consolidated Financial Statements December 31, 2013 and 2012

7. Property and Equipment

Property and equipment and related accumulated depreciation consist of the following at December 31, 2013 and 2012 (in thousands)

| | 2013 | 2012 |
|---|---|--|
| Land and land improvements Buildings and building improvements Equipment (including equipment under capital lease) Leasehold improvements | \$ 63,194 635,470 774,610 10,575 | \$ 62,978 688,444 787,911 7,242 |
| Total | 1,483,849 | 1,546,575 |
| Less accumulated depreciation | 699,814 | 698,715 |
| | 784,035 | 847,860 |
| Construction in progress | 39,706 | 20,773 |
| Property and equipment, net | \$ 823,741 | \$ 868,633 |

Construction in progress as of December 31, 2013 consists primarily of major renovation and expansion projects. Purchase commitments related to these and other miscellaneous projects were approximately \$18,112,000 at December 31, 2013.

8. Revolving Line of Credit

WVUHS maintains an unsecured revolving line of credit in the amount of \$30,000,000 There were borrowings outstanding of \$9,559,000 at December 31, 2013 and \$14,031,000 at December 31, 2012 Borrowings under the agreement bear interest at 1 10% per annum

Notes to Consolidated Financial Statements December 31, 2013 and 2012

9. Long-Term Debt

A summary of long-term debt at December 31, 2013 and 2012 is as follows (in thousands)

| | 2013 | 2012 |
|--|------------|------------|
| West Virginia Hospital Finance Authority Bonds | | |
| 2013 Series – WVUH, CCMC | \$ 210,675 | \$ - |
| 2012 Series – WVUH, UHC, CCMC, BMC, JMC, CHF | 173,415 | 178,000 |
| 2011 Series – WVUH, CCMC, BMC | 72,955 | 76,024 |
| 2009 Series – WVUH, UHC, BMC | 103,405 | 103,405 |
| 2008 Series – WVUH, UHC | 78,930 | 79,760 |
| 2007 Series – CCMC | 22,755 | 23,370 |
| 2006 Series – UHC | 78,610 | 78,610 |
| 2004 Series – CCMC | 67,050 | 81,020 |
| 2003 Series – WVUH | 59,350 | 63,600 |
| Other notes payable | 16,581 | 20,453 |
| Capital lease obligations | 1,493 | 1,455 |
| | | |
| Total long-term debt | 885,219 | 705,697 |
| Net unamortized bond discount | (7,399) | (2,113) |
| Current maturities of long-term debt | (21,960) | (20,842) |
| Long-term debt | \$ 855,860 | \$ 682,742 |

The scheduled principal repayments as of December 31, 2013 are as follows (in thousands)

| Years ending December 31 | |
|--------------------------|---------------|
| 2014 | \$ 21,960 |
| 2015 | 20,536 |
| 2016 | 20,167 |
| 2017 | 19,145 |
| 2018 | 19,877 |
| Thereafter | 783,534 |
| | |
| Total | \$ 885,219 |

Obligated Group

The Obligated Group consists of WVUH, UHC, CCMC, BMC, JMC, and CHF All members of the Obligated Group are jointly and severally liable for all outstanding obligations of the Obligated Group Payments of principal and interest are collateralized by a pledge of revenues of the Obligated Group

The Obligated Group is required to maintain certain financial ratios, maintain adequate insurance coverage, maintain net revenue requirements, maintain average annual debt service requirements, comply with certain limitations on additional debt, and comply with annual reporting requirements

Notes to Consolidated Financial Statements December 31, 2013 and 2012

2013 Series - Hospital Revenue Refunding and Improvement Bonds

In September 2013, the West Virginia Hospital Finance Authority (the "Authority") issued \$210,675,000 of Hospital Revenue Refunding and Improvement Bonds (the "2013 Bonds") on behalf of the Obligated Group The proceeds of the 2013 Bonds were used to refund Series 2004A Bonds, reimburse the costs of various capital improvements and equipment for WVUH and CCMC, and pay for the costs of issuance

The 2013 Bonds include fixed rate serial bonds of \$10,675,000 maturing in 2014 through 2019 with interest rates ranging from 3 000% to 5 000%, and fixed rate term bonds of \$200,000,000 maturing in 2038 and 2044 with interest rates ranging from 5 375% to 5 500%

2012 Series - Hospital Refunding Bonds

In August 2012 and October 2012, the Authority issued \$178,000,000 of Hospital Refunding Bonds (the "2012 Bonds") on behalf of the Obligated Group. The proceeds of the 2012 Bonds were used to refund Series 2008A, 2008D, 2009A, 2009B and 2011A Bonds, reimburse the costs of various capital improvements and equipment for WVUH, CCMC and BMC, and pay for the costs of issuance.

The 2012 Bonds include variable rate bonds of \$173,415,000 maturing in 2030 through 2041 with interest rates ranging from 0 97% to 5 00% at December 31, 2013

2011 Series - Hospital Revenue and Hospital Refunding Bonds

In March 2011 and June 2011, 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 BMC, and pay for the costs of issuance

The 2011 Bonds include fixed rate bonds of \$39,462,000 maturing in 2022 and 2026 with interest rates ranging from 3 12% to 3 54%, and fixed rate bonds of \$33,493,000 maturing in 2021 and 2041 with fixed rates ranging from 4 00% to 4 95% through 2016, followed by variable rates through maturity dates

2009 Series - Hospital Revenue Refunding and Improvement Bonds

In February 2009 and December 2009, the Authority issued \$171,380,000 of tax-exempt Hospital Revenue Refunding and Improvement Bonds (the "2009 Bonds") on behalf of the Obligated Group. The proceeds of the 2009 Bonds were used to refund Series 2003C and 2008C Bonds, reimburse the costs of various capital improvements and equipment for WVUH, BMC and JMC, and pay for the costs of issuance.

The 2009 Bonds include fixed rate serial bonds of \$103,405,000 maturing in 2039 with interest rates ranging from 4 00% to 5 50%

Notes to Consolidated Financial Statements December 31, 2013 and 2012

2008 Series - Hospital Refunding Revenue Bonds

In August 2008 and September 2008, the Authority issued \$216,180,000 of tax-exempt Hospital Refunding Revenue Bonds (the "2008 Bonds") on behalf of the Obligated Group The proceeds of the 2008 Bonds were used to refund Series 2006B, 2006C, and 2006D auction rate certificates, refund Series 2005 Bonds, fund a debt service reserve fund for Series 2008E Bonds, and pay for the costs of issuance

The 2008 Bonds include daily variable rate demand bonds of \$43,775,000 maturing in 2041 with an interest rate of 0.04% at December 31, 2013, and fixed rate serial bonds of \$35,155,000 maturing in 2035 with interest rates ranging from 5.375% to 5.625%. The 2008 Bonds are secured by a bank letter of credit agreement that will provide financing in an amount necessary to purchase a portion of the 2008 Bonds if not remarketed. The bank letter of credit expires in March 2015.

2007 Series - Hospital Auction Rate Certificates Improvement Revenue Bonds

In September 2007, the Authority issued \$24,600,000 of Hospital Auction Rate Certificates Improvement Revenue Bonds (the "2007 Bonds") on behalf of CCMC. The proceeds of the 2007 Bonds were used to refund a bank loan, finance the costs of acquisition of certain equipment including capitalized interest thereon, fund a debt service reserve fund, and pay for the costs of issuance.

In October 2009, a supplemental master trust indenture amended and restated the 2007 Bonds. This amendment and restatement converted the terms and provisions of the auction rate certificates to fixed rate bonds.

In conjunction with the affiliation with WVUHS on March 1, 2011, the 2007 Bonds were amended to include CCMC within the Obligated Group. The 2007 Bonds include fixed rate bonds of \$22,755,000 maturing in 2034 with an interest rate of 2 50%. The 2007 Bonds are insured by Assured Guaranty.

2006 Series - Hospital Revenue Bonds

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 for the costs of issuance.

The 2006 Bonds include serial bonds of \$10,005,000 maturing in 2015 through 2020 with interest rates ranging from 4 00% to 5 00%, and term bonds of \$68,605,000 maturing in 2022 through 2041 with interest rates ranging from 4 50% to 5 25%. The 2006 Bonds are insured by Ambac Assurance Corporation.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

2004 Series - Hospital Revenue Refunding and Improvement Bonds

In June 2004, the Authority issued \$96,250,000 of Hospital Revenue Refunding and Improvement Bonds (the "2004 Bonds") on behalf of CCMC. The proceeds of the 2004 Bonds were used to refund all of the Wood County Building Commission Revenue Bonds, finance the costs of acquisition of certain equipment including capitalized interest thereon, fund a debt service reserve fund, and pay for the costs of issuance.

In conjunction with the affiliation with WVUHS on March 1, 2011, the 2004 bonds were amended to include CCMC within the Obligated Group. The 2004 Bonds include auction rate certificates of \$51,850,000 and \$15,200,000 maturing in 2034 with interest payable based upon 35-day auction periods. The 2004 Bonds are insured by AGM (formerly known as Financial Security Assurance Inc.)

2003 Series - Hospital Revenue Refunding and Improvement Bonds

In August 2003, the Authority issued \$139,730,000 of tax-exempt Hospital Revenue Refunding and Improvement 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 the costs of issuance

The 2003 Bonds include auction rate certificates of \$13,600,000 maturing in 2016 with interest payable based upon 35-day auction periods, and fixed rate bonds of \$45,750,000 maturing in 2033 with interest rates ranging from 5 375% to 5 500%. The 2003 Bonds are insured by AGM (formerly known as Financial Security Assurance Inc.)

The interest rates for the 2004 and 2003 Bonds are subject to auction rate certificates with 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 2004 and 2003 Bonds is based upon a formulaic maximum rate which approximates 4.21% to 4.44%.

Other Notes Payable and Capital Lease Obligations

In September 2013, the System obtained a \$50,000,000 draw-down term loan (the "2013 Term Loan") from BB&T to finance and reimburse the costs of various capital improvements and equipment for WVUH and pay for the costs related to the loan Interest only payments are made monthly with the outstanding principal due on September 30, 2028. The loan bears interest at a variable rate equal to one-month LIBOR plus 1.15% (1.315% at December 31, 2013). WVUH has drawn down approximately \$1,113,000 as of December 31, 2013.

Other notes payable and capital leases consist of bank loan agreements and capital leases that are secured by equipment and property with various expiration dates and require monthly principal and interest payments

Notes to Consolidated Financial Statements December 31, 2013 and 2012

10. Derivative Financial Instruments

The System's primary objective for holding derivative financial instruments is to manage interest rate risk. The derivative financial instruments are recorded at fair value, which is the amount that the System would pay to terminate the respective agreements, based upon information supplied by an independent third party valuation specialist.

The System follows accounting guidance on derivative financial instruments that is based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges. The criteria for designating a derivative as a hedge include the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur. All of the System's derivative financial instruments are interest rate swap agreements without hedge accounting designation. The System does not utilize interest rate swap agreements or other financial instruments for trading or other speculative purposes.

Prior to January 1, 2008, certain swap agreements 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. Subsequent authoritative guidance related to the accounting for cash flow hedges that are not based on a benchmark interest rate stipulated that interest rates, which are reset through an auction (remarketing) process, do not qualify as a benchmark rate and therefore the swap agreement that previously qualified for hedge accounting no longer qualified. At that time, the System began amortizing the accumulated changes in fair value of the swap agreements to income over the remaining term of the agreements.

In 2003, the System entered into two interest rate swap agreements (the "2003 Agreements") in connection with the 2003 Bonds. The first agreement has a notional value of \$13,600,000 and terminates on June 1, 2016. The second agreement, which has transferred to the 2012 Bonds, has a notional value of \$44,650,000 and terminates on June 1, 2033. The 2003 Agreements 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 was \$8,344,000 at December 31, 2013 and \$14,140,000 at December 31, 2012.

In 2004, CCHS entered into an interest rate swap agreement (the "2004 Agreement") in connection with the 2004 Bonds. In conjunction with the affiliation with WVUHS on March 1, 2011, the swap agreement was amended to include the Obligated Group. The 2004 Agreement has a notional value of \$51,850,000 and terminates on February 15, 2034. The 2004 Agreement requires the System to pay a fixed rate while receiving a variable interest rate based upon 67% of LIBOR. The fair value of the 2004 Agreement was \$8,910,000 at December 31, 2013 and \$15,271,000 at December 31, 2012.

In 2005, the System entered into an interest rate swap agreement (the "2005 Agreement") in connection with the 2005 Bonds. The 2005 Agreement, which has transferred to the 2012 Bonds, has a notional value of \$17,525,000 and terminates on June 1, 2030. The 2005 Agreement 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 was \$1,785,000 at December 31, 2013 and \$3,299,000 at December 31, 2012.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

In 2006, the System entered into two interest rate swap agreements (the "2006 Agreements") in connection with the 2006 Bonds. The first agreement, which has transferred to 2012 Bonds, has a notional value of \$34,825,000 and terminates on June 1, 2041. The second agreement has a notional value of \$43,525,000 and terminates on June 1, 2041. The 2006 Agreements 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 was \$13,475,000 at December 31, 2013 and \$23,500,000 at December 31, 2012.

In 2007, CCHS entered into an interest rate swap agreement (the "2007 Agreement") in connection with the 2007 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 has a notional value of \$22,625,000 and terminates on February 15, 2034. The 2007 Agreement requires the System to pay a fixed rate while receiving a variable interest rate based upon 67% of LIBOR. The fair value of the 2007 Agreement was \$3,463,000 at December 31, 2013 and \$5,833,000 at December 31, 2012.

The System recognizes gains and losses from changes in fair values of interest rate swap agreements as non-operating revenue or expense within revenues in excess of expenses in the consolidated statement of operations. The net cash paid or received under the swap agreements is recognized as an adjustment to interest expense. No termination payments would be required if the swap agreements are held to maturity.

Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates. The notional amounts of the swap agreements are used to measure the interest to be paid or received and do 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

11. Pension Plans

WVUH and University Healthcare provide various defined contribution plans which cover substantially all full-time employees Employees are eligible to contribute, and WVUH and University Healthcare 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 University Healthcare 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

Notes to Consolidated Financial Statements December 31, 2013 and 2012

UHC and UPC provide Tax Sheltered Annuity Thrift Plans (the "TSA Plans"), which 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 participants 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.

CCMC provides a defined contribution plan covering substantially all employees. Employees are eligible to contribute, and CCMC makes matching contributions to the plan based on a variable percentage, ranging from 2% to 6% of the participating employees' compensation. Employee contributions are 100% vested upon entry into the plan and employer contributions are vested over a three year period.

The System's expense related to these plans was \$14,699,000 in 2013 and \$13,974,000 in 2012

CCMC maintains a noncontributory defined benefit pension plan (the "Plan") that covers substantially all of its employees who were employed on or before June 30, 2012, at which time the Plan was frozen. Accrued benefits were also frozen as of that date

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, 2013 and 2012

| | 2013 | 2012 |
|---|----------------|-----------------|
| Change in projected benefit obligation | | |
| Projected benefit obligation, beginning of year | \$ 44,503,246 | \$ 45,499,751 |
| Service cost | - | 840,945 |
| Interest cost | 1,743,367 | 1,878,155 |
| Actuarial (gain) loss | (5,284,586) | 4,728,178 |
| Benefits paid | (615,138) | (3,118,783) |
| Settlement | (3,135,700) | - |
| Curtailment | | (5,325,000) |
| Projected benefit obligation, end of year | 37,211,189 | 44,503,246 |
| Change in plan assets | | |
| Fair value of plan assets, beginning of year | \$ 30,329,576 | \$ 26,709,344 |
| Actual return on plan assets (net of expense) | 4,766,729 | 3,499,015 |
| Employer contributions | 3,240,000 | 3,240,000 |
| Benefits paid | (615,138) | (3,118,783) |
| Settlement | (3,135,700) | |
| Fair value of plan assets, end of year | 34,585,467 | 30,329,576 |
| Funded status at end of year | \$ (2,625,722) | \$ (14,173,670) |
| Accumulated benefit obligation | \$ 37,211,189 | \$ 44,503,246 |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

The following table sets forth the components of net periodic costs in 2013 and 2012

| | | 2013 | | 2012 |
|--------------------------------|-----|-------------|-----|-------------|
| Service cost | \$ | - | \$ | 840,945 |
| Interest cost | • | 1,743,367 | · | 1,878,155 |
| Expected return on plan assets | | (2,207,572) | | (2,013,863) |
| Amortization of actuarial loss | | 381,000 | | 908,465 |
| Settlement charge | | 718,356 | | |
| Net periodic pension cost | \$_ | 635,151 | \$_ | 1,613,702 |

A net actuarial loss of \$8,524,000 represents the unrecognized component of net periodic pension cost included in unrestricted net assets at December 31, 2013

Estimated amortization of net loss of \$131,225 is expected to be recognized in net periodic pension cost in the next fiscal year

The following assumptions were used to determine benefit obligations at December 31, 2013 and 2012

| | 2013 | 2012 |
|-------------------------------|--------|--------|
| Discount rate | 4 81 % | 3 87 % |
| Rate of compensation increase | - % | 4 00 % |

The weighted-average assumptions used in the measurement of net periodic benefit cost for the years ended December 31, 2013 and 2012 are as follows

| | 2013 | 2012 |
|--|--------|--------|
| Discount rate | 3 87 % | 4 32 % |
| Rate of compensation increase | - % | 4 00 % |
| Expected long-term return on plan assets | 7 00 % | 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, 2013 and 2012

Actual allocation and targeted percentages as of December 31, 2013 and 2012 are as follows

| | Actual Per | centage | Targeted Percentage | | | | | |
|----------------------------|------------|---------|---------------------|------|--|--|--|--|
| | 2013 | 2012 | 2013 | 2012 | | | | |
| Cash and cash equivalents | 1 % | 1 % | - % | - % | | | | |
| Mutual funds, fixed income | 51 | 35 | 52 | 35 | | | | |
| Mutual funds, equity | 48 | 64 | 48 | 65 | | | | |

The following table summarizes the Plan's assets measured at fair value on a recurring basis at December 31, 2013 and 2012

| | | 20 | 013 | | 2012 | | | | | | |
|---|----|--|-----|-------------------------|------|---|----|-------------------------|--|--|--|
| | Qı | oted Prices in Active Markets (Level 1) | | - air Value | i | oted Prices n Active Markets (Level 1) | | Fair Value | | | |
| Cash and cash equivalents Mutual funds, fixed income Mutual funds, equity | \$ | 153,414 17,642,563 | \$ | 153,414 17,642,563 | \$ | 109,823 10,742,999 | \$ | 109,823 10,742,999 | | | |
| Domestic funds International funds | | 10,266,424 6,523,066 | | 10,266,424 6,523,066 | | 6,736,799 12,739,955 | | 6,736,799 12,739,955 | | | |
| Total | \$ | 34,585,467 | | 34,585,467 | | 30,329,576 | | 30,329,576 | | | |

At December 31, 2013 and 2012, the Plan did not have any assets or liabilities whose fair value were measured using Level 2 or Level 3 inputs

The Plan's investments in mutual funds and money market funds are valued at the quoted net asset value of shares held by the Plan at year-end. There have been no changes in the methodologies used at December 31, 2013 and 2012.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although CCMC believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

CCMC expects to contribute \$3,240,000 to the Plan in 2014

Future benefit payments by the Plan, reflective of expected future services, are expected to be paid as follows

| Years ending December 31 | |
|--------------------------|---------------|
| 2014 | \$ 933,000 |
| 2015 | 1,028,000 |
| 2016 | 1,328,000 |
| 2017 | 1,258,000 |
| 2018 | 1,584,000 |
| 2019 - 2023 | 10,390,000 |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

12. Net Assets

Temporarily and permanently restricted net assets consist of funds restricted for the following purposes at December 31, 2013 and 2012 (in thousands)

| | : | 2013 | 2012 | | |
|--|----|--------------------------------|------|--------------------------------|--|
| Temporarily restricted Pediatric care Purchases of property and equipment Various healthcare related activities Other | \$ | 5,836 1,992 1,304 696 | \$ | 5,408 1,705 1,252 708 | |
| Total | \$ | 9,828 | \$ | 9,073 | |
| Permanently restricted Endowment funds – income expendable to support various healthcare services and purchase equipment Perpetual income trusts – income expendable to support charity care and other healthcare services | \$ | 690 5,575 | \$ | 646 5,103 | |
| Total | \$ | 6,265 | \$ | 5,749 | |

The System released temporarily restricted net assets of \$232,000 in 2013 and \$256,000 in 2012 for the purchase of property and equipment and \$544,000 in 2013 and \$635,000 in 2012 for operations since the donors' restrictions to purchase certain property and equipment and to provide certain services had been met

13. 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 four separate self-insurance programs. These cover WVUH, UHC and its subsidiaries plus UPC, University Healthcare, and CCMC respectively. Medical malpractice and general liability claims are managed by WVUHS and the System entities legal staff. WVUHS and the Systems entities 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 prior acts periods are included where operating units had claims-made coverage for all or some portion of their exposures at earlier points.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

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 University Healthcare 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.

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 \$53,754,000 at December 31, 2013 and \$51,181,000 at December 31, 2012 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 3 5% at December 31, 2013 and 2012.

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

14. Workers' Compensation Claims Coverage

The System maintains insurance policies with a stated per occurrence deductible and a stated deductible aggregate for workers' compensation claims. The policies provide statutory workers' compensation limits of liability. The System was required to establish loss funds and provide letters of credit to secure the deductible obligations. The letters of credit total \$5,485,000 and are automatically renewed by the bank every July 1st unless notified 90 days prior to the renewal date.

15. Health Insurance Benefits

The System self-insures its employee health insurance coverages and 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

Notes to Consolidated Financial Statements December 31, 2013 and 2012

16. 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 made to the University, including \$20,678,000 in 2013 and 2012 related to WVUH's contribution of UPL payments, were \$53,950,000 in 2013 and \$64,524,000 in 2012, and are included in supplies and purchased services in the consolidated statement of operations

During 2010, WVUH entered into a Joint Operating Agreement (the "2010 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 2010 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 2010 Agreement requires equalization of the operating margin. The allocations resulted in payments to UHA of \$43,748,000 in 2013 and \$29,420,000 in 2012, and are included in supplies and purchased services in the consolidated statement of operations. The total amount payable to UHA was \$3,726,000 at December 31, 2013 and \$4,705,000 at December 31, 2012.

The 2010 Agreement requires a transfer of 50% of the excess operating margin of WVU Healthcare between 3 0% and 3 5% and 100% of the excess operating margin greater than 3 5%, capped at \$2,500,000, to the University's School of Medicine The transfer from WVUH to the University's School of Medicine was \$1,695,000 in 2013 and \$2,398,000 in 2012, and is included in transfers to the school of medicine and strategic initiatives in the consolidated statement of changes in net assets. The total amount payable to the School of Medicine was \$1,968,000 at December 31, 2013 and \$2,133,000 at December 31, 2012.

WVUH performs certain information technology and other services on behalf of UHA. These services amounted to \$5,042,000 in 2013 and \$6,102,000 in 2012. The total amount receivable from UHA related to these services was \$418,000 at December 31, 2013 and \$555,000 at December 31, 2012.

UHA provides various medical director services and other medical service support to WVUH The total expenses for these services were \$2,870,000 in 2013 and \$7,303,000 in 2012, and are included in supplies and purchased services in the consolidated statement of operations

Effective January 1, 2013, University Healthcare entered into a Joint Operating Agreement (the "2013 Agreement") with University Healthcare Physicians ("UHP") The 2013 Agreement ensures UHP operating losses are funded by University Healthcare on a monthly basis Break even operations are calculated on a monthly basis for UHP and any losses are recorded by BMC and JMC as mission support. Total mission support was \$8,730,000 in 2013, and is included in supplies and purchased services in the consolidated statement of operations.

Notes to Consolidated Financial Statements December 31, 2013 and 2012

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 \$179,000 in 2013 and \$1,167,000 in 2012. The excess is distributed to its members during the following fiscal year WVUH did not receive distributions in 2013 WVUH received distributions of \$181,000 in 2012. HNET also reimbursed WVUH for operating expenses incurred on its behalf amounting to \$2,881,000 in 2013 and \$5,232,000 in 2012.

17. Operating Leases

The System leases certain equipment and office buildings under the terms of non-cancellable operating leases. The following is a schedule of future minimum lease payments under operating leases as of December 31, 2013, that have initial or remaining lease terms in excess of one year (in thousands)

| Years ending December 31 | |
|--------------------------|--------------|
| 2014 | \$ 7,446 |
| 2015 | 6,630 |
| 2016 | 6,201 |
| 2017 | 5,970 |
| 2018 | 4,961 |
| Thereafter | 3,502 |
| | |
| Total | \$ 34,710 |

Rental expense for all operating leases was \$7,865,000 in 2013 and \$5,623,000 in 2012

18. Concentrations 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, 2013 and 2012 from patients and third-party payors is as follows

| | 2013 | 2012 |
|----------------------|--------------|--------------|
| Medicare | 24 % | 22 % |
| Medicaid | 8 | 10 |
| Blue Cross | 22 | 17 |
| Commercial/HMO/Other | 32 | 35 |
| Patients | 14 | 16 |
| Total | 100 % | 100 % |
| I Olai | <u>100_%</u> | <u>100 %</u> |

Notes to Consolidated Financial Statements December 31, 2013 and 2012

19. Commitments and Contingencies

Commitments

On April 1, 1988, WVUH and UHA, which owns and operates a Physician Office Center adjacent to WVUH's facilities, entered into an Operating Credit Agreement. To finance the Physician Office Center, the Authority issued \$23,500,000 of tax-exempt Hospital Revenue Bonds. The Operating Credit 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 Physician Office Center until the payment of the bonds in full." The remaining debt of \$8,815,000 was refinanced on June 30, 2011 with WVUH entering into a Guaranty Agreement as the Obligated Group Agent. To date, WVUH has not been required to advance any funds on behalf of UHA relating to the Operating Credit Agreement. The outstanding balance of the Hospital Revenue Bonds at December 31, 2013 was \$6,065,000.

WVUH has commitments for the additional purchase of ownership in limited partnerships of \$35,551,000 at December 31, 2013, over the next ten years

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, 2013, \$16,279,000 has been paid and CCMC is committed for an additional \$10,131,000.

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 facilities owned by the System, 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, 2013 and 2012

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.

20. Functional Expenses

The System provides general health care and related services to individuals within its geographic region. Expenses related to providing these services in 2013 and 2012 are as follows (in thousands)

| | 2013 | 2012 |
|--|-------------------------------------|-------------------------------------|
| Healthcare and other related services General and administrative Fundraising | \$ 1,122,803 280,706 1,100 | \$ 1,071,192 277,677 1,116 |
| Total | \$ 1,404,609 | \$ 1,349,985 |

West Virginia United Health System, Inc. and Controlled Entities

Consolidating Schedule of Balance Sheet Information

December 31, 2013
(In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Berkeley Medical Medical Center Center | | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|---|--|------------------------------|---|------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Assets | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | |
| Cash and cash equivalents | \$ 12,623 | \$ 39,977 | \$ 3,422 | \$ 6,049 | \$ 5,133 | \$ 814 | \$ - | \$ 68,018 | \$ 10,152 | \$ - | \$ 78,170 |
| Current portion of assets whose use is limited Accounts receivable | 6,527 | 8,204 | 2,780 | 1,057 | 293 | - | - | 18,861 | - | - | 18,861 |
| Patients, net | 81,018 | 31,334 | 26,693 | 20,642 | 6,454 | - | - | 166,141 | 5,522 | - | 171,663 |
| Other | 6,586 | 894 | 609 | 1,902 | 503 | 67 | - | 10,561 | 1,640 | - | 12,201 |
| Affiliates | 8,722 | 780 | 8,102 | 2,005 | 300 | 18 | (4,109) | 15,818 | 5,674 | (21,492) | - |
| Inventories of supplies | 14,239 | 3,493 | 8,024 | 1,605 | 480 | - | - | 27,841 | 269 | - | 28,110 |
| Prepaid expenses and other current assets | 2,333 | 2,922 | 3,201 | 912 | 30 | 76 | | 9,474 | 943 | | 10,417 |
| Total current assets | 132,048 | 87,604 | 52,831 | 34,172 | 13,193 | 975 | (4,109) | 316,714 | 24,200 | (21,492) | 319,422 |
| Assets Whose Use Is Limited | | | | | | | | | | | |
| Board-designated funds | | | | | | | | | | | |
| Funded depreciation | 255,020 | 134,618 | 68,781 | 14,042 | 10,005 | 14,532 | - | 496,998 | 4,117 | - | 501,115 |
| Debt repayment | 176,281 | - | - | - | - | - | - | 176,281 | - | - | 176,281 |
| Malpractice self-insurance | 23,712 | - | - | - | - | - | - | 23,712 | - | - | 23,712 |
| Under trust indenture, held by trustee | 153,083 | 9,923 | 43,375 | 25 | 11 | 2 | - | 206,419 | - | - | 206,419 |
| Malpractice self-insurance, held by trustee | - | 13,783 | 7,070 | 3,306 | 1,445 | - | - | 25,604 | - | - | 25,604 |
| Foundation investments | 7,931 | | | | | | | 7,931 | 10,961 | | 18,892 |
| Noncurrent portion of assets whose | | | | | | | | | | | |
| use is limited | 616,027 | 158,324 | 119,226 | 17,373 | 11,461 | 14,534 | - | 936,945 | 15,078 | - | 952,023 |
| Property and Equipment, Net | 250,277 | 306,014 | 164,574 | 53,341 | 17,370 | 11,110 | - | 802,686 | 21,055 | - | 823,741 |
| Restricted Assets Held by Third-Parties | 8,358 | - | - | 368 | 6,022 | 60 | (368) | 14,440 | - | (446) | 13,994 |
| Deferred Financing Costs, Net | 5,055 | 2,042 | 4,519 | 255 | 34 | 9 | - | 11,914 | 4 | - | 11,918 |
| Due from Affiliates | 8,393 | 790 | - | - | - | - | - | 9,183 | - | (9,183) | - |
| Other Assets, Net | 27,583 | 2,617 | 11,375 | 4,746 | 164 | 737 | | 47,222 | 7,805 | (758) | 54,269 |
| Total assets | \$ 1,047,741 | \$ 557,391 | \$ 352,525 | \$ 110,255 | \$ 48,244 | \$ 27,425 | \$ (4,477) | \$ 2,139,104 | \$ 68,142 | \$ (31,879) | \$ 2,175,367 |

West Virginia United Health System, Inc. and Controlled Entities

Consolidating Schedule of Balance Sheet Information

December 31, 2013
(In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Berkeley Medical Medical Center Center | | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|--|--|------------------------------|---|------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Liabilities and Net Assets | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | |
| Line of credit | \$ - | \$ - | \$ 9,559 | \$ - | \$ - | \$ - | \$ - | \$ 9,559 | \$ - | \$ - | \$ 9,559 |
| Current maturities of long-term debt | 6,686 | 7,585 | 4,662 | 1,625 | 736 | 102 | - | 21,396 | 564 | - | 21,960 |
| Accounts payable and accrued expenses | 35,624 | 7,544 | 20,294 | 8,095 | 2,308 | 19 | - | 73,884 | 6,022 | - | 79,906 |
| Due to affiliates | 1,618 | 635 | 2,195 | 3,713 | 1,202 | 420 | (4, 109) | 5,674 | 15,818 | (21,492) | |
| Estimated third-party payor settlements | 7,950 | (1,339) | (128) | (221) | 375 | - | - | 6,637 | 149 | - | 6,786 |
| Salaries and benefits payable | 34,833 | 11,534 | 7,658 | 7,928 | 2,187 | 11 | - | 64,151 | 3,835 | - | 67,986 |
| Accrued interest payable | 1,330 | 646 | 1,096 | 716 | 487 | 126 | - | 4,401 | 3 | - | 4,404 |
| Current portion of estimated malpractice costs | 6,167 | 3,124 | 600 | 1,057 | 293 | - | - | 11,241 | 157 | - | 11,398 |
| Deferred revenue | 566 | 150 | | | 9 | 4 | | 729 | 69_ | | 798 |
| Total current liabilities | 94,774 | 29,879 | 45,936 | 22,913 | 7,597 | 682 | (4,109) | 197,672 | 26,617 | (21,492) | 202,797 |
| Long-Term Debt | 341,963 | 228,184 | 216,751 | 50,696 | 11,091 | 2,165 | - | 850,850 | 5,010 | - | 855,860 |
| Noncurrent Portion of Estimated Malpractice Costs | 22,422 | 7,204 | 7,961 | 3,147 | 897 | - | - | 41,631 | 725 | - | 42,356 |
| Derivative Financial Instruments | 8,344 | 13,475 | 12,373 | 1,564 | 221 | - | - | 35,977 | - | - | 35,977 |
| Due to Affiliates | - | - | - | - | - | - | - | - | 9,183 | (9,183) | - |
| Pension Liability | - | - | 2,626 | - | - | - | | 2,626 | - | - | 2,626 |
| Other Long-Term Liabilities | 1,342 | 305 | 1,163 | | | 75 | | 2,885 | 619 | | 3,504 |
| Total liabilities | 468,845 | 279,047 | 286,810 | 78,320 | 19,806 | 2,922 | (4,109) | 1,131,641 | 42,154 | (30,675) | 1,143,120 |
| Net Assets | | | | | | | | | | | |
| Unrestricted | 570,538 | 278.344 | 65,715 | 31,567 | 22,417 | 24,128 | _ | 992,709 | 24,203 | (758) | 1,016,154 |
| Temporarily restricted | 7,780 | | - | 368 | 446 | 375 | (368) | 8,601 | 1,673 | (446) | 9,828 |
| Permanently restricted | 578 | - | - | - | 5,575 | - | (| 6,153 | 112 | - | 6,265 |
| , | | · | | | | - | | | | | |
| Total net assets | 578,896 | 278,344 | 65,715 | 31,935 | 28,438 | 24,503 | (368) | 1,007,463 | 25,988 | (1,204) | 1,032,247 |
| Total liabilities and net assets | \$ 1,047,741 | \$ 557,391 | \$ 352,525 | \$ 110,255 | \$ 48,244 | \$ 27,425 | \$ (4,477) | \$ 2,139,104 | \$ 68,142 | \$ (31,879) | \$ 2,175,367 |

West Virginia United Health System, Inc. and Controlled Entities
Consolidating Schedule of Operations
Year Ended December 31, 2013 (In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Medical Center | Berkeley Medical Center | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated | |
|---|--|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|--|
| Unrestricted Revenues, Gains, and Other Support | | | | | | | | | | | | |
| Patient service revenues (net of contracutal | | | | | | | | | | | | |
| allowances and discounts) | \$ 709,234 | \$ 267,718 | \$ 240,211 | \$ 166,128 | \$ 51,901 | \$ - | \$ (449) | \$ 1,434,743 | \$ 40,240 | \$ (65) | \$ 1,474,918 | |
| Provision for bad debts | (42,036) | (32,513) | (22,201) | (21,057) | (6,693) | | - | (124,500) | (2,305) | | (126,805) | |
| Net patient service revenues | 667,198 | 235,205 | 218,010 | 145,071 | 45,208 | - | (449) | 1,310,243 | 37,935 | (65) | 1,348,113 | |
| Other revenues | 36,498 | 10,398 | 10,223_ | 5,817 | 1,764 | 1,587 | (684) | 65,603 | 41,208 | (34,485) | 72,326 | |
| Total unrestricted revenues, gains, | | | | | | | | | | | | |
| and other support | 703,696 | 245,603 | 228,233 | 150,888 | 46,972 | 1,587 | (1,133) | 1,375,846 | 79,143 | (34,550) | 1,420,439 | |
| Expenses | | | | | | | | | | | | |
| Supplies and purchased services | 287,741 | 83,408 | 110,060 | 59,424 | 17,977 | 599 | (1,133) | 558,076 | 24,796 | (23,415) | 559,457 | |
| Salaries and wages | 271,009 | 93,808 | 87,588 | 60,758 | 20,084 | 402 | (1,133) | 533,649 | 48,957 | (7,061) | 575,545 | |
| Employee benefits | 63.043 | 27,295 | 18,074 | 15,214 | 4,967 | 98 | | 128,691 | 12,036 | (1,834) | 138,893 | |
| Depreciation and amortization | 42,187 | 22,838 | 19,631 | 8,900 | 2,767 | 707 | - | 97,030 | 4,146 | (1,946) | 99,230 | |
| Interest | 8,801 | 10,658 | 7,899 | 3,477 | 604 | 102 | | 31,541 | 571 | (628) | 31,484 | |
| ii itei est | 0,001 | 10,038 | 7,033 | 3,477 | | 102_ | | 31,541 | | (020) | 31,464 | |
| Total expenses | 672,781 | 238,007 | 243,252 | 147,773 | 46,399 | 1,908 | (1,133) | 1,348,987 | 90,506 | (34,884) | 1,404,609 | |
| Operating income (loss) | 30,915 | 7,596 | (15,019) | 3,115 | 573 | (321) | - | 26,859 | (11,363) | 334 | 15,830 | |
| Other Income (Loss) | | | | | | | | | | | | |
| Investment income | 63,347 | 12,428 | 5,992 | 748 | 1,535 | 3,152 | _ | 87,202 | 1,410 | (334) | 88,278 | |
| Change in fair value of derivative financial | 30,0 | 12,120 | 0,002 | | ., | 9,102 | | 0.,202 | ., | (00.) | 00,2,0 | |
| Instruments | 5,565 | 10.025 | 8,731 | 1,319 | 186 | _ | _ | 25.826 | _ | _ | 25.826 | |
| Asset impairment loss | 0,000 | 10,020 | (41,227) | 1,010 | 100 | _ | _ | (41,227) | _ | _ | (41,227) | |
| Other, net | 30 | 246 | 204 | (149) | (321) | _ | _ | 10 | 75 | _ | 85 | |
| | | | | (1.10) | (02.1) | | | | | | | |
| Revenues in excess of (less than) | | | | | | | | | | | | |
| expenses | 99,857 | 30,295 | (41,319) | 5,033 | 1,973 | 2,831 | - | 98,670 | (9,878) | - | 88,792 | |
| Pension Liability Adjustment | - | - | 8,983 | - | - | - | - | 8,983 | - | - | 8,983 | |
| Transfers to the School of Medicine and | | | | | | | | | | | | |
| Strategic Initiatives | (3,120) | - | - | - | - | - | - | (3,120) | - | - | (3,120) | |
| Other | 1,035 | - | (787) | 253 | 52 | (64) | - | 489 | - | (29) | 460 | |
| Transfers from (to) Affiliates | (591) | (1,702) | 10,559 | (1,312) | (650) | | | 6,304 | (6,364) | 60 | | |
| Increase (decrease) in unrestricted | | | | | | | | | | | | |
| net assets | \$ 97,181 | \$ 28,593 | \$ (22,564) | \$ 3,974 | \$ 1,375 | \$ 2,767 | \$ - | \$ 111,326 | \$ (16,242) | \$ 31 | \$ 95,115 | |

West Virginia United Health System, Inc. and Controlled Entities
Consolidating Schedule of Changes in Net Assets
Year Ended December 31, 2013 (In Thousands)

| | West Virginia University Hospital | United Hospital Center | | Camden Clark Medical Center | | Berkeley nl Medical | | Jefferson Medical Center | | City Foundation | | ınatıons | Total Obligated Group | | Non- Obligated Group | | Eliminations | | Total Consolidated | | |
|--|--|------------------------------|-----|--------------------------------------|----|------------------------|----|--------------------------------|----|--------------------|----|--------------|-----------------------------|----------|----------------------------|----|--------------|----|-----------------------|--|--|
| Unrestricted Net Assets | | | | | | | | | | | | | | | | | | | | | |
| Revenues in excess of (less than) expenses Pension liability adjustment | \$ 99,857 | \$ 30,295 | \$ | (41,319) 8,983 | \$ | 5,033 | \$ | 1,973 | \$ | 2,831 | \$ | - | \$ 98,670 8,983 | | (9,878) | \$ | - | \$ | 88,792 8,983 | | |
| Transfers to the School of Medicine | (3,120) | - | | 0,903 | | - | | - | | - | | - | (3,120 | | - | | - | | (3,120) | | |
| Other | 1,035 | - | | (787) | | 253 | | 52 | | (64) | | - | 489 | | - | | (29) | | 460 | | |
| Transfers from (to) affiliates | (591) | (1,702) | _ | 10,559 | | (1,312) | | (650) | | - | | _ | 6,304 | | (6,364) | | 60 | | - | | |
| Increase (decrease) in unrestricted | | | | | | | | | | | | | | | | | | | | | |
| net assets | 97,181 | 28,593 | | (22,564) | | 3,974 | | 1,375 | | 2,767 | | | 111,326 | <u> </u> | (16,242) | | 31 | | 95,115 | | |
| Temporarily Restricted Net Assets | | | | | | | | | | | | | | | | | | | | | |
| Increase in temporarily restricted assets held by | | | | | | | | | | | | | | | | | | | | | |
| WVU Foundation | 923 | - | | - | | - | | - | | - | | - | 923 | } | - | | - | | 923 | | |
| Contributions and grants | - | - | | - | | - | | - | | 148 | | - | 148 | \$ | 446 | | - | | 594 | | |
| Change in value of split-interest agreements | - | - | | - | | - | | - | | - | | - | - | | 14 | | - | | 14 | | |
| Increase in temporarily restricted assets held by | | | | | | | | | | | | | | | | | | | | | |
| affiliated foundation | - | - | | - | | (105) | | 20 | | - | | 105 | 20 | | - | | (20) | | - | | |
| Net assets released from restrictions | | | | | | | _ | | _ | (253) | | - | (253 | <u> </u> | (523) | _ | | | (776) | | |
| Increase (decrease) in temporarily | | | | | | | | | | | | | | | | | | | | | |
| restricted net assets | 923 | | - — | - | | (105) | _ | 20 | _ | (105) | | 105 | 838 | <u> </u> | (63) | _ | (20) | | 755 | | |
| Permanently Restricted Net Assets | | | | | | | | | | | | | | | | | | | | | |
| Valuation gain | - | - | | - | | - | | 472 | | - | | - | 472 | 2 | - | | - | | 472 | | |
| Increase in permanently restricted assets held by WVU Foundation | 44 | | | | | | | | | | | | 44 | | | | | | 44 | | |
| VVVO Foundation | 44 | | - — | - | _ | | | | _ | | | | 42 | | | | | | 44 | | |
| Increase in permanently restricted | | | | | | | | | | | | | | | | | | | | | |
| net assets | 44 | | | | | | _ | 472 | | | | - | 516 | | | _ | | | 516 | | |
| Change in net assets | 98,148 | 28,593 | | (22,564) | | 3,869 | | 1,867 | | 2,662 | | 105 | 112,680 |) | (16,305) | | 11 | | 96,386 | | |
| Net Assets, Beginning | 480,748 | 249,751 | _ | 88,279 | _ | 28,066 | | 26,571 | | 21,841 | | (473) | 894,783 | <u> </u> | 42,293 | _ | (1,215) | | 935,861 | | |
| Net Assets, Ending | \$ 578,896 | \$ 278,344 | \$ | 65,715 | \$ | 31,935 | \$ | 28,438 | \$ | 24,503 | \$ | (368) | \$ 1,007,463 | \$ _\$ | 25,988 | \$ | (1,204) | \$ | 1,032,247 | | |

West Virginia United Health System, Inc. and Controlled Entities

Consolidating Schedule of Balance Sheet Information

December 31, 2012
(In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Medical Center | Berkeley Medical Center | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|---|--|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Assets | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | |
| Cash and cash equivalents | \$ 7,892 | \$ 32,758 | \$ 3,718 | \$ 7,008 | \$ 6,454 | \$ 800 | \$ - | \$ 58,630 | \$ 10,617 | \$ - | \$ 69,247 |
| Current portion of assets whose use is limited Accounts receivable | 6,399 | 6,544 | 2,853 | 585 | 322 | - | - | 16,703 | - | - | 16,703 |
| Patients, net | 82,548 | 29,671 | 38,134 | 18,928 | 5,839 | - | - | 175,120 | 6,872 | - | 181,992 |
| Other | 12,550 | 1,598 | 800 | 1,270 | 357 | 24 | - | 16,599 | 1,231 | - | 17,830 |
| Affiliates | 8,452 | 1,971 | - | 2,315 | 397 | 100 | (5,054) | 8,181 | 5,193 | (13,374) | - |
| Inventories of supplies | 14,447 | 3,279 | 7,151 | 1,687 | 476 | - | - | 27,040 | 443 | - | 27,483 |
| Prepaid expenses and other current assets | 2,248 | 2,612 | 1,692 | 845 | 55 | 75 | | 7,527 | 962 | | 8,489 |
| Total current assets | 134,536 | 78,433 | 54,348 | 32,638 | 13,900 | 999 | (5,054) | 309,800 | 25,318 | (13,374) | 321,744 |
| Assets Whose Use is Limited | | | | | | | | | | | |
| Board-designated funds | | | | | | | | | | | |
| Funded depreciation | 217,074 | 123,743 | 68,994 | 14,029 | 8,883 | 11,421 | - | 444,144 | 3,774 | - | 447,918 |
| Debt repayment | 145,750 | - | - | - | - | - | - | 145,750 | - | - | 145,750 |
| Malpractice self-insurance | 20,599 | - | 4,714 | - | - | - | - | 25,313 | - | - | 25,313 |
| Under trust indenture, held by trustee | 13,798 | 11,021 | 10,134 | 4 | 8 | 2 | - | 34,967 | 940 | - | 35,907 |
| Malpractice self-insurance, held by trustee | - | 11,433 | - | 2,552 | 521 | - | - | 14,506 | - | - | 14,506 |
| Foundation investments | 8,029 | | | | | | | 8,029 | 9,159 | | 17,188 |
| Noncurrent portion of assets whose | | | | | | | | | | | |
| use is limited | 405,250 | 146,197 | 83,842 | 16,585 | 9,412 | 11,423 | - | 672,709 | 13,873 | - | 686,582 |
| Property and Equipment, Net | 223,449 | 320,040 | 216,354 | 54,964 | 17,758 | 11,706 | - | 844,271 | 24,362 | - | 868,633 |
| Restricted Assets Held by Third-Parties | 7,391 | - | - | 473 | 5,529 | 61 | (473) | 12,981 | 369 | (426) | 12,924 |
| Deferred Financing Costs, Net | 3,776 | 2,117 | 4,450 | 268 | 36 | 10 | - | 10,657 | - | - | 10,657 |
| Due from Affiliates | 10,926 | 2,544 | - | - | - | - | - | 13,470 | - | (13,470) | - |
| Other Assets, Net | 12,920 | 2,421 | 919 | 3,249 | 557 | 813 | | 20,879 | 17,501 | (789) | 37,591 |
| Total assets | \$ 798,248 | \$ 551,752 | \$ 359,913 | \$ 108,177 | \$ 47,192 | \$ 25,012 | \$ (5,527) | \$ 1,884,767 | \$ 81,423 | \$ (28,059) | \$ 1,938,131 |

West Virginia United Health System, Inc. and Controlled Entities

Consolidating Schedule of Balance Sheet Information

December 31, 2012
(In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Medical Center | Berkeley Medical Center | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|--|--|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Liabilities and Net Assets | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | |
| Line of credit | \$ - | \$ - | \$ 14,031 | \$ - | \$ - | \$ - | \$ - | \$ 14,031 | \$ - | \$ - | \$ 14,031 |
| Current maturities of long-term debt | 6,499 | 7,400 | 3,577 | 1,404 | 648 | 83 | - | 19,611 | 1,231 | - | 20,842 |
| Accounts payable and accrued expenses | 34,888 | 10,950 | 10,609 | 6,142 | 2,203 | 62 | - | 64,854 | 4,812 | - | 69,666 |
| Due to affiliates | 1,295 | 696 | 1,442 | 4,646 | 1,624 | 605 | (5,054) | 5,254 | 8,120 | (13,374) | |
| Estimated third-party payor settlements | 8,939 | 1,700 | 3,458 | 946 | 804 | - | - | 15,847 | 146 | - | 15,993 |
| Salaries and benefits payable Accrued interest payable | 32,708 566 | 10,741 638 | 9,448 | 7,641 74 | 2,205 318 | - 78 | - | 62,743 2,700 | 3,528 5 | - | 66,271 |
| Current portion of estimated malpractice costs | 5.961 | 3,688 | 1,026 675 | 7.4 585 | 322 | 78 | - | 2,700 11,231 | 5 441 | - | 2,705 11,672 |
| Deferred revenue | 393 | 3,000 | 6/5 | 565 | 322 9 | - | - | 491 | 111 | - | 602 |
| Deferred revenue | | | | | | | | 491 | | | 002 |
| Total current liabilities | 91,249 | 35,902 | 44,266 | 21,438 | 8,133 | 828 | (5,054) | 196,762 | 18,394 | (13,374) | 201,782 |
| Long-Term Debt | 189,059 | 235,729 | 185,751 | 52,261 | 11,464 | 2,267 | - | 676,531 | 6,211 | - | 682,742 |
| Noncurrent Portion of Estimated | | | | | | | | | | | |
| Malpractice Costs | 21,859 | 6,615 | 6,339 | 3,521 | 616 | - | - | 38,950 | 559 | - | 39,509 |
| Derivative Financial Instruments | 14,140 | 23,500 | 21,104 | 2,891 | 408 | - | - | 62,043 | - | - | 62,043 |
| Due to Affiliates | - | - | - | - | - | - | - | - | 13,470 | (13,470) | - |
| Pension Liability | - | - | 14,174 | - | - | - | | 14,174 | - | - | 14,174 |
| Other Long-Term Liabilities | 1,193 | 255 | | | | 76 | | 1,524 | 496 | | 2,020 |
| Total liabilities | 317,500 | 302,001 | 271,634 | 80,111 | 20,621 | 3,171 | (5,054) | 989,984 | 39,130 | (26,844) | 1,002,270 |
| Net Assets | | | | | | | | | | | |
| Unrestricted | 473,357 | 249,751 | 88,279 | 27,593 | 21,042 | 21,361 | - | 881,383 | 40,445 | (789) | 921,039 |
| Temporarily restricted | 6,857 | - | - | 473 | 426 | 480 | (473) | 7,763 | 1,736 | (426) | 9,073 |
| Permanently restricted | 534 | | | | 5,103 | | | 5,637 | 112 | | 5,749 |
| Total net assets | 480,748 | 249,751 | 88,279 | 28,066 | 26,571 | 21,841 | (473) | 894,783 | 42,293 | (1,215) | 935,861 |
| Total liabilities and net assets | \$ 798,248 | \$ 551,752 | \$ 359,913 | \$ 108,177 | \$ 47,192 | \$ 25,012 | \$ (5,527) | \$ 1,884,767 | \$ 81,423 | \$ (28,059) | \$ 1,938,131 |

West Virginia United Health System, Inc. and Controlled Entities
Consolidating Schedule of Operations
Year Ended December 31, 2012 (In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Medical Center | Berkeley Medical Center | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|---|--|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Unrestricted Revenues, Gains, and Other Support | | | | | | | | | | | |
| Patient service revenues (net of contracutal | | | | | | | | | | | |
| allowances and discounts) | \$ 683,012 | \$ 256,778 | \$ 242,117 | \$ 153,095 | \$ 51,052 | \$ - | \$ (397) | \$ 1,385,657 | \$ 54,446 | \$ (62) | \$ 1,440,041 |
| Provision for bad debts | (42,645) | (30,974) | (18,701) | (17,450) | (7,313) | | | (117,083) | (2,952) | | (120,035) |
| Net patient service revenues | 640,367 | 225,804 | 223,416 | 135,645 | 43,739 | - | (397) | 1,268,574 | 51,494 | (62) | 1,320,006 |
| Other revenues | 39,158 | 11,617 | 5,181 | 3,513 | 528 | 1,371 | (481) | 60,887 | 35,375 | (29,580) | 66,682 |
| Total unrestricted revenues, gains, | | | | | | | | | | | |
| and other support | 679,525 | 237,421 | 228,597 | 139,158 | 44,267 | 1,371 | (878) | 1,329,461 | 86,869 | (29,642) | 1,386,688 |
| Expenses | | | | | | | | | | | |
| Supplies and purchased services | 274,082 | 79,557 | 104.082 | 51,946 | 13,593 | 617 | (878) | 522,999 | 32,749 | (20,558) | 535,190 |
| Salaries and wages | 258,620 | 89,726 | 86,479 | 57,981 | 20,233 | 336 | ` - | 513,375 | 48,506 | (6,013) | 555,868 |
| Employee benefits | 59,148 | 25,462 | 16,845 | 13,431 | 4,265 | 101 | _ | 119,252 | 12,683 | (2,150) | 129,785 |
| Depreciation and amortization | 41,772 | 22,887 | 18,751 | 7,759 | 2,659 | 596 | - | 94,424 | 2,701 | (712) | 96,413 |
| Interest | 9,334 | 11,074 | 8,631 | 2,798 | 642 | 109 | | 32,588 | 599 | (458) | 32,729 |
| Total expenses | 642,956 | 228,706 | 234,788 | 133,915 | 41,392 | 1,759 | (878) | 1,282,638 | 97,238 | (29,891) | 1,349,985 |
| Operating income (loss) | 36,569 | 8,715 | (6,191) | 5,243 | 2,875 | (388) | - | 46,823 | (10,369) | 249 | 36,703 |
| Other Income (Loss) | | | | | | | | | | | |
| Investment income | 33,425 | 10,846 | 5,261 | 1,492 | 825 | 1,346 | - | 53,195 | 1,039 | (249) | 53,985 |
| Change in fair value of derivative financial | | | | | | | | | | | |
| instruments | 376 | 1,700 | 539 | 48 | 7 | - | | 2,670 | - | - | 2,670 |
| Other, net | 74 | 3,332 | 305 | (919) | (183) | 303 | | 2,912 | (820) | | 2,092 |
| Revenues in excess of (less than) expenses | 70,444 | 24,593 | (86) | 5,864 | 3,524 | 1,261 | - | 105,600 | (10,150) | - | 95,450 |
| Pension Liability Adjustment | - | - | 2,990 | - | - | - | - | 2,990 | - | - | 2,990 |
| Transfers to the School of Medicine and | | | | | | | | | | | |
| Strategic Initiatives | (2,671) | - | - | - | - | - | - | (2,671) | - | - | (2,671) |
| Other | 391 | - | 402 | 264 | 99 | - | - | 1,156 | (585) | - | 571 |
| Transfers from (to) Affiliates | (429) | (1,835) | (13,063) | (5,616) | 23 | | | (20,920) | 20,920 | | |
| Increase (decrease) in unrestricted | | | | | | | | | | | |
| net assets | \$ 67,735 | \$ 22,758 | \$ (9,757) | \$ 512 | \$ 3,646 | \$ 1,261 | \$ - | \$ 86,155 | \$ 10,185 | \$ - | \$ 96,340 |

West Virginia United Health System, Inc. and Controlled Entities
Consolidating Schedule of Changes in Net Assets
Year Ended December 31, 2012 (In Thousands)

| | West Virginia University Hospital | United Hospital Center | Camden Clark Medical Center | Berkeley Medical Center | Jefferson Medical Center | City Foundation | Eliminations | Total Obligated Group | Non- Obligated Group | Eliminations | Total Consolidated |
|---|--|------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------|--------------|-----------------------------|----------------------------|--------------|-----------------------|
| Unrestricted Net Assets | | | | | | | | | | | |
| Revenues in excess of (less than) expenses | \$ 70,444 | \$ 24,593 | \$ (86) | \$ 5,864 | \$ 3,524 | \$ 1,261 | \$ - | \$ 105,600 | \$ (10,150) | \$ - | \$ 95,450 |
| Pension liability adjustment | - | - | 2,990 | - | - | - | - | 2,990 | - | - | 2,990 |
| Transfers to the School of Medicine | (2,671) | - | - | - | - | - | - | (2,671) | - (505) | - | (2,671) |
| Other | 391 | - 44 005 | 402 | 264 | 99 | - | - | 1,156 | (585) | - | 571 |
| Transfers from (to) affiliates | (429) | (1,835) | (13,063) | (5,616) | 23_ | | | (20,920) | 20,920 | | |
| Increase (decrease) in unrestricted | | | | | | | | | | | |
| net assets | 67,735 | 22,758 | (9,757) | 512 | 3,646 | 1,261 | | 86,155 | 10,185 | | 96,340 |
| Temporarily Restricted Net Assets | | | | | | | | | | | |
| Increase in temporarily restricted assets held by | | | | | | | | | | | |
| WVU Foundation | 1,050 | - | - | - | _ | - | _ | 1,050 | - | - | 1,050 |
| Contributions and grants | - | - | - | - | _ | 177 | - | 177 | 551 | - | 728 |
| Change in value of split-interest agreements | - | - | - | - | _ | 1 | - | 1 | 72 | - | 73 |
| Increase in temporarily restricted assets held by | | | | | | | | | | | |
| affiliated foundation | - | - | - | (89) | - | - | 89 | - | - | - | - |
| Net assets released from restrictions | | | | | | (256) | | (256) | (635) | | (891) |
| Increase (decrease) in temporarily | | | | | | | | | | | |
| restricted net assets | 1,050 | | | (89) | | (78) | 89 | 972 | (12) | | 960 |
| Permanently Restricted Net Assets | | | | | | | | | | | |
| Valuation gain | - | - | - | - | 358 | - | - | 358 | - | - | 358 |
| Increase in permanently restricted assets held by | | | | | | | | | | | |
| WVU Foundation | 37_ | | | | | | | 37 | | | 37_ |
| Increase in permanently restricted | | | | | | | | | | | |
| net assets | 37 | | | | 358 | | | 395 | | | 395 |
| Change in net assets | 68,822 | 22,758 | (9,757) | 423 | 4,004 | 1,183 | 89 | 87,522 | 10,173 | - | 97,695 |
| Net Assets, Beginning | 411,926 | 226,993 | 98,036 | 27,643 | 22,567 | 20,658 | (562) | 807,261 | 32,120 | (1,215) | 838,166 |
| Net Assets, Ending | \$ 480,748 | \$ 249,751 | \$ 88,279 | \$ 28,066 | \$ 26,571 | \$ 21,841 | \$ (473) | \$ 894,783 | \$ 42,293 | \$ (1,215) | \$ 935,861 |