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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNIVERSITY HEALTH SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1350 WALTON WAY

City or town, state or province, country, and ZIP or foreign postal code
AUGUSTA, GA 30901

D Employer identification number
58-1581103

E Telephone number
(706)828-2406

G Gross receipts $ 556,124,491

F Name and address of principal officer
James R Davis
1350 Walton Way
Augusta, GA 30901

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www universityhealth org

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

L Year of formation 1984

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of University Health Care Services is to operate an acute and subacute care hospital providing health care services which help the citizens of our communities achieve and maintain optimal health

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,506
6	Total number of volunteers (estimate if necessary)	**6**	385
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,274,624
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	962,237

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	359,813	834,964
9	Program service revenue (Part VIII, line 2g)	385,193,304	405,371,876
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,423,308	27,833,246
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,702,021	11,650,585
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	415,678,446	445,690,671
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,525,323	1,133,963
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	175,856,538	169,837,230
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200,182,218	233,181,101
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	377,564,079	404,152,294
19	Revenue less expenses Subtract line 18 from line 12	38,114,367	41,538,377

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	752,120,083	781,621,660
21	Total liabilities (Part X, line 26)	327,297,489	319,595,107
22	Net assets or fund balances Subtract line 21 from line 20	424,822,594	462,026,553

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-11-14
Signature of officer | Date

David Belkoski CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

The mission of University Health Care Services is to operate an acute and subacute care hospital providing health care services which help the citizens of our communities achieve and maintain optimal health

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 375,666,875 including grants of $ 1,133,963) (Revenue $ 409,284,381)

Operation of a general acute care and subacute care hospital with 551 licensed beds total (551 acute and 0 subacute) Patient days for adults and pediatrics for 2013 were 110,312, newborn days were 12,457 (for both term & ICU nursery), and outpatient visits were 428,897 Emergency room registrations were 76,375, observation stays were 6,222, Cardiovascular interventional procedures were 12,088, and Radiology procedures were 139,084, Occupational Medicine visits were 23,352 and Home Health visits for 2013 were 53,094 Within all these indicators are the efforts of University Health Services to service the needs of the community, which include the indigent In 2013 the cost of indigent and charity care provided, with no local funding, was $33,191,063, however the Hospital did receive Disproportionate Share (DSH) payments to help with this service of a net $3,624,456 and Upper Payment Limit (UPL) net funds of $1,651,508 The $33,191,063 includes the cost for providing inpatient and outpatient services for indigent and charity patients of $20,986,802 Also $1,376,086 to help support community based clinics, $10,624,611 for uncompensated physician services for indigent and charity patients, and $203,564 for disease management Also provided are programs for congestive heart failure and asthma/COPD, which helped indigent patients manage their condition and improve the quality of their lives Other community outreach services for 2013 included diabetes testing and education, Prostate Specific Antigen (PSA) testing, Skin Cancer Screenings, free counseling and education for women and their family members through all stages of breast cancer, free mammograms, heart health education, and support groups for cancer, heart attack, and stroke In 2013, University Hospital reached more than 550,000 people and invested more than $600,000 in free screenings, community education, publications, and more Additionally, in 2013,over $639,000 was provided for health professional education for cardiovascular and radiology schools, and dietetic internships, in support of tomorrow's care givers

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ 375,666,875

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	283		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,506		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ 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

▶David Belkoski 1350 Walton Way
Augusta, GA 30901 (706) 828-2406

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,801,920		537,520

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 114

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Crothall Healthcare 13028 Collection Center Drive Chicago IL 60693	Plant & Housekeeping	10,753,420
EPIC Systems Corporation PO BOX 88314 Milwaukee WI 53288	EPIC Support	7,663,355
McKesson Information Solutions PO Box 98347 Chicago IL 60693	System Support	2,792,656
Morrisons Management Specialists PO Box 102289 Atlanta GA 30368	Food Services	5,133,423
ENCORE HEALTH RESOURCES LLC PO Box 4652 Houston TX 77210	System Support	8,850,166

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 ▶ 78

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 307,939				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 40,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 487,025				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	834,964			
Program Service Revenue			Business Code				
	2a	Ask-A-Nurse	541900	211,388	211,388		
	b	Home Health Services	621610	7,530,595	7,530,595		
	c	Other Program Services	900099	256,947	256,947		
	d	Patient Service Revenue	900099	396,876,497	396,876,497		
	e	Physician Answering SVC	541900	362,149	362,149		
	f	All other program service revenue		134,300	134,300		
	g	**Total.** Add lines 2a–2f	▶	405,371,876			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	14,139,942			14,139,942
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			

		(i) Real	(ii) Personal				
	6a Gross rents	3,556,838	1,577				
	b Less rental expenses	2,501,600					
	c Rental income or (loss)	1,055,238	1,577				
	d Net rental income or (loss) ▶			1,056,815		-20,982	1,077,797

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	121,454,069	171,455				
	b Less cost or other basis and sales expenses	107,905,299	26,921				
	c Gain or (loss)	13,548,770	144,534				
	d Net gain or (loss) ▶			13,693,304			13,693,304
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶			0			
Other Revenue	Miscellaneous Revenue		Business Code				
	11a EHR Incentive Program		900099	3,498,338	3,498,338		
	b Employee Pharmacy		446110	2,385,659			2,385,659
	c Outreach Lab			4,295,606		4,295,606	
	d All other revenue			414,167	414,167		
	e **Total.** Add lines 11a–11d ▶			10,593,770			
	12 **Total revenue.** See Instructions ▶			445,690,671	409,284,381	4,274,624	31,296,702

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,133,963	1,133,963		
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	5,097,188	1,061,186	4,036,002	
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	120,546,334	116,797,343	3,748,991	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,095,021	5,905,466	189,555	
9 Other employee benefits	27,289,459	26,440,757	848,702	
10 Payroll taxes	10,809,228	10,473,061	336,167	
11 Fees for services (non-employees)				
a Management	14,810,751	14,350,137	460,614	
b Legal	397,308		397,308	
c Accounting	247,478		247,478	
d Lobbying	201,806		201,806	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,446,813		1,446,813	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,504,825	20,836,025	668,800	
12 Advertising and promotion	1,110,502	1,075,965	34,537	
13 Office expenses	960,068	930,210	29,858	
14 Information technology	7,086,329	6,865,944	220,385	
15 Royalties . .	0			
16 Occupancy	5,906,479	5,722,788	183,691	
17 Travel	1,029,595	995,334	34,261	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,781,279		8,781,279	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	32,074,647	31,077,125	997,522	
23 Insurance	5,875,081	5,692,366	182,715	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Med Surg supplies	81,843,042	81,843,042		
b Bad Debt Expense	30,510,534	30,510,534		
c Reparis & Maintenance	6,902,225	6,687,566	214,659	
d GA DCH Hospital Tax	4,912,048		4,912,048	
e All other expenses	7,580,291	7,268,063	312,228	
25 **Total functional expenses.** Add lines 1 through 24e	404,152,294	375,666,875	28,485,419	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,401,274	1	26,777,647
	2	Savings and temporary cash investments		21,337,699	2	17,338,179
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		64,516,903	4	64,366,859
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		9,903,818	7	12,617,422
	8	Inventories for sale or use		6,884,019	8	8,156,732
	9	Prepaid expenses and deferred charges		6,734,130	9	7,569,241
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 536,271,301			
	b	Less accumulated depreciation	10b 304,972,931	235,627,093	10c	231,298,370
	11	Investments—publicly traded securities		328,823,397	11	383,590,238
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		62,891,750	15	29,906,972
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		752,120,083	16	781,621,660
Liabilities	17	Accounts payable and accrued expenses		26,986,254	17	16,879,455
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		146,265,503	20	143,820,264
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,528,438	23	63,830,027
	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		150,517,294	25	95,065,361
	26	**Total liabilities.** Add lines 17 through 25		327,297,489	26	319,595,107
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		424,787,594	27	461,991,553
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		35,000	29	35,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		424,822,594	33	462,026,553
	34	Total liabilities and net assets/fund balances		752,120,083	34	781,621,660

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	445,690,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	404,152,294
3	Revenue less expenses Subtract line 2 from line 1	3	41,538,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	424,822,594
5	Net unrealized gains (losses) on investments	5	14,395,558
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	-18,729,976
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	462,026,553

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
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 ▶☐

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

Part IV **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		
Return Reference	Explanation	

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 58-1581103
Name: UNIVERSITY HEALTH SERVICES INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Randolph R Smith MD Board Chairman	2 00 1 00	X		X				0	0	0
Brian J Marks Board Secretary	2 00 1 00	X		X				0	0	0
Jeffrey L Foreman Board Member	2 00 1 00	X						0	0	0
Dana T Atkins Board Member	2 00 1 00	X						0	0	0
Levi W Hill IV Board Member	2 00 1 00	X						0	0	0
Eugene F McManus Board Member	2 00 1 00	X						0	0	0
Natalie D Schweers Board Member	2 00 1 00	X						0	0	0
Terry D Elam Board Member	2 00 1 00	X						0	0	0
Sanford Loyd Board Member	2 00 1 00	X						0	0	0
Hugh L Hamilton Board Member	2 00 1 00	X						0	0	0
James W Bennett Jr Board Member	2 00 1 00	X						0	0	0
Daniel H Boone MD Board Member	10 00 1 00	X						35,000	0	0
William P Doupe Board Member	2 00 1 00	X						0	0	0
Ellen G Shaver MD Board Member	2 00 1 00	X						0	0	0
James R Davis President & CEO	50 00 5 00			X				797,503	0	260,477
Dave A Belkoski CFO	50 00 5 00			X				568,872	0	26,548
Marilyn A Bowcutt President	50 00 5 00			X				572,849	0	16,663
William L Farr Jr CMO	50 00 5 00			X				491,194	0	21,761
Edward L Burr VP-Legal Affairs-Compliance	50 00 0 00				X			376,701	0	60,692
Kyle E Howell VP-Support-Ancillary Systems	50 00 0 00				X			270,574	0	16,632
Leslie A Clonch VP-Chief Information Officer	50 00 0 00				X			326,175	0	15,850
Stephen M Gooden VP-Clinical Transformation	50 00 0 00				X			370,576	0	9,967
Sandra McVicker CEO-University Hospital McDuffie	50 00 0 00				X			284,314	0	15,521
Laurie Ott Smith President-Foundation, VP HR-CommSV	50 00 0 00				X			288,581	0	8,405
Lynda Jones Watts VP Patient Care Svcs-CNO	50 00 0 00				X			244,925	0	17,408

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tara A Kattine Physician	40 00 0 00					X		247,391	0	14,350
John C Pope PA	45 00 0 00					X		182,005	0	8,112
Timothy L Woodall Adm Dir Phy SVCs	45 00 0 00					X		171,085	0	17,859
Lisa Ritch Corp Controller	45 00 0 00					X		164,815	0	11,342
Teresa Waters Director	45 00 0 00					X		165,825	0	12,091
Shannon M Stinson VP-Chief Medical Informatics	0 00 0 00						X	243,535	0	3,842

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
UNIVERSITY HEALTH SERVICES INC	58-1581103

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — 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))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		201,806
j	Total Add lines 1c through 1i			201,806
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	A part of the various association dues include a percentage allocation for expenditures on Lobbying activities Dues paid to the Georgia Hospital Association, The American Hospital Association, the Georgia Alliance of Community Hospitals, The Georgia Initiative and the Georgia Chamber of Commerce, all have a lobby component For 2013 these fees amounted to $153,806 Additionally, Oglethorpe Consulting Group was contracted during 2013 to review and advise the Hospital on legislative issues During 2013 $48,000 was paid to Oglethorpe Consulting Group

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,764,946		14,764,946
b Buildings		255,212,962	121,097,315	134,115,647
c Leasehold improvements				
d Equipment		258,270,088	183,875,616	74,394,472
e Other		8,023,305		8,023,305
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				231,298,370

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to 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	
Accrued Compensation, Benefits, & PR Tax	16,252,849
Accrued Pension Cost	593,134
Accrued postretirement benefit cost	25,406,380
Amount due to Affiliate	4,572,086
Asset Retirement Obligation	1,834,785
Est Third Party Payor Settlements	26,012,364
Other Current Liabilities	1,609,749
Reserve for Self Insured Losses	18,784,014
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	95,065,361

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII **Supplemental Information**

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

Return Reference	Explanation
Part X FIN48 Footnote	Accounting for Income Taxes - University Health Services is exempt from federal income tax under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended Accordingly, the accompanying financial statements do not reflect a provision or liability for federal and state income taxes University Health Services has evaluated their tax positions and determined that they do not have any material unrecognized tax benefits or obligations as of December 31, 2013 Fiscal years ended on or after December 31, 2010 remain subject to examination by federal and state authorities There is presently no taxation imposed by the government of the Cayman Islands on income or premiums of WWI As a result, no tax liability or expense has been recorded

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 58-1581103
Name: UNIVERSITY HEALTH SERVICES INC

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

1 (a) Description of Liability	(b) Book Value
Accrued Compensation, Benefits, & PR Tax	16,252,849
Accrued Pension Cost	593,134
Accrued postretirement benefit cost	25,406,380
Amount due to Affiliate	4,572,086
Asset Retirement Obligation	1,834,785
Est Third Party Payor Settlements	26,012,364
Other Current Liabilities	1,609,749
Reserve for Self Insured Losses	18,784,014

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Caribbean	1	2	Insurance Captive		0
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	2			
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	2			

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I - Additional Supplemental Information	Please see form 5471 filing for details related to Offshore Captive Insurance

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,587,682	2,537,119	17,050,563	4 220 %
b Medicaid (from Worksheet 3, column a)			44,095,662	33,437,209	10,658,453	2 640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			63,683,344	35,974,328	27,709,016	6 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,614,119	1,502,175	14,111,944	3 490 %
f Health professions education (from Worksheet 5)			983,601	437,383	546,218	0 140 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,238,226		1,238,226	0 310 %
j **Total.** Other Benefits			17,835,946	1,939,558	15,896,388	3 940 %
k **Total.** Add lines 7d and 7j			81,519,290	37,913,886	43,605,404	10 800 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			76,304		76,304	0 020 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			76,304		76,304	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	30,510,534		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	8,542,950		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	107,352,727
6	Enter Medicare allowable costs of care relating to payments on line 5	6	152,569,300
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-45,216,573
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group University Health Services Inc

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) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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 facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www universityhealth org			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	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)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in 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)			
7	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**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		No
c	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 hospital facilities? $			

Part V Facility Information *(continued)*

Financial 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 200 0000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 0000% 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)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (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			
e ☐ 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)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part 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)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ 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
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Charges 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-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
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			
d ☐ Other (describe in Part VI)			
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 covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
Part V, Line 3 - Account Input from Person Who Represent the Community	Many local organization and Hospital staff contributed to the 2013 Community Health Needs Assessment These individuals and their local organizations represent an inventory of community services already available to address needs of the Augusta area The following is a summary of those organizations and individuals Please see page 28 of the 2013 Community Health Needs Assessment for more details Public Health Departments Key Staff- Dr Ketty Gonzales, DirectorGeorgia Regents University Augusta School of Nursing Key Staff- Christine O'Meara, Special Projects CoordinatorProject Access Key Staff-Dr Terence CookGreater Augusta Healthcare Network (GAHN) Key Staff- Lucy Marion, Dean of the School of Nursing, GRUChrist Community Clinic Key Staff- Dr Robert CampbellUnited Way's 1st Stop 211 Key Staff- Amy RickardUniversity Medical Associates Key Staff- Dr Daniel BooneUniversity Health Care Foundation Key Staff- Laurie Ott, President of UHCFUniversity Health Care System Departments Key Staff- Lynda Watts, CNO Lynn Beaulieu, Emergency Dept Director, EMS Council GAHN Denise Gibson-Cato, Emergency Dept Nurse Manager Marie Jackson, Pharmacy Director Heidi Nelson, Disease Management Director Ellen Tereshinski, Home Health/ Hospice University Extended Care Director Mary Goolsby, National Nurse Practitioner Debra Whitley, Manager of Diabetes ServicesEmory University Nell Hodgson Woodruff School of Nursing Key Staff- Dr Bonnie Jennings, ProfessorArea Agency on Aging Key Staff- Jeanette Cummings
Part V, Line 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment	Georgia Regents University Medical Center of Augusta
Part V, Line 7 - Explanation of Needs Not Addressed and Reasons Why	Teen Pregnancy- Area schools and the Health Department have programs geared to address this issue Sexually Transmitted STIs- Area schools and the Health department have programs to address this issue
Part V, Line 14g - Other Means Hospital Facility Publicized the Policy	Financial Counselors & Access Coordinators explain to Patient and offer Financial Assistance form to patient

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Also uses Asset Test, regardless of income, to determine eligibility for free and discounted care In addition the hospital takes into consideration Bankruptcy and financial standing when offering discounts on patient liability
Part I, Line 7 - Explanation of Costing Methodology	Used Cost to Charge Ratio calculated using Worksheet 2 --the optional worksheets provided to assist in preparation of Schedule H

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), UHS records 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 standard rates (or the discounted rates) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts Recoveries of accounts previously written off are recorded as a reduction to the provision for bad debt expense when received
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	Bad Debt should be included as a Community Benefit since the services that incur bad debt are provided by the hospital to promote the well-being of the community These services are rendered in conjunction with the Hospital's charitable tax-exempt purposes There is no local support for uninsured patients, therefore, the services provided by the hospital relieve the health care burdens of the local governments

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Footnote from Page 8 of the Audited Financial Statement "Patient Accounts Receivable - Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Corporation 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 Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts 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 patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), the Corporation records a 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 standard rates (or the discounted rates) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts Recoveries of accounts previously written off are recorded as a reduction to the provision for bad debt expense when received "
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	The services provided to the Medicare Beneficiaries are to promote the well-being of the community which is part of the Hospital charitable tax-exempt purpose The Medicare difference between cost and Medicare reimbursement should be allowed as Community Benefit since providers can not negotiate rates with Centers for Medicare/Medicaid Services (CMS) CMS regulates that the reimbursement be federal budget neutral thus placing the cost of the caring for Medicare beneficiaries as a cost to the Hospitals

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	As outstanding balances age, statement messages, collection letters and/or telephone calls may be used at appropriate intervals determined by the Patient Accounting/Collection Department The Patient Accounting /Collection Department recognizes that there are occasions when a patient is not financially able to pay their medical bill in full and/or the patient is experiencing financial hardship The Hospital has established a Catastrophic Policy which allows for the Collection Department to apply the Indigent criteria and write-off as Medically Indigent And at any point during the collection process if patient states or Patient Accounting/Collections believes that the patient can not afford to pay then an indigent/Charity Care application is begun by the Collection Department where discounts may be given
Part VI - Needs Assessment	In addition to the CHNA performed in 2013, UH works with ER personnel to identify needs based on patients seeking help through the Emergency Room This process still shows that patients need a medical home, asthma, CHF & diabetes assistance The programs that UH has initiated and continue to support UH also used the Healthy People 2020 framework to guide data gathering for leading health indicators

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	UH has the following information available to patients and visitors on the eligibility for assistance Information is available on the University Hospital web site, patient/visitor information booklet, and UH has signage at registration and billing areas that ask " help with your Hospital bill?" In addition, when a registering patient indicates that he/she can not afford to pay, UH will offer the Indigent and Charity Care Application (ICCP) and set up patient to speak with the Financial Assistance Office (FAO) FAO will direct patients to a Department of Family and Children (DFCS) case manager located at the hospital to see if patient qualifies for state Medicaid or the UH ICCP program The patient may be deemed to qualify for other State/Federal assistance in which the FAO staff will help direct the patient to another group operated out of of the hospital, Resource Corporation of America (RCA), to assist with getting the patient qualified for SSI, etc
Part VI - Community Information	Richmond County is a county located in the U S state of Georgia As of the 2010 census, the population was 200,549 It is one of the original counties of Georgia, created February 5, 1777 Following an election in 1995, the city of Augusta (the county seat) consolidated governments with Richmond County The consolidated entity is known as Augusta-Richmond County, or simply Augusta The cities of Hephzibah and Blythe in southern Richmond County voted to remain separate and not consolidate Richmond County is included in the Augusta-Richmond County, GA-SC Metropolitan Statistical Area As of the census of 2000, there were 199,775 people, 73,920 households, and 49,526 families residing in the county The population density was 616 people per square mile (238/km) There were 82,312 housing units at an average density of 254 per squaremile (98/km) The racial makeup of the county was 49 75% Black or African American, 45 55% White, 0 28% Native American, 1 50% Asian, 0 12% Pacific Islander, 1 01% from other races, and 1 78% from two or more races 2 78% of the population were Hispanic or Latino of any race There were 73,920 households out of which 33 60% had children under the age of 18 living with them, 41 80% were married couples living together, 20 80% had a female householder with no husband present, and 33 00% were non-families 27 70% of all households were made up of individuals and 8 50% had someone living alone who was 65 years of age or older The average household size was 2 55 and the average family size was 3 13 In the county the population was spread out with 26 80% under the age of 18, 12 00% from 18 to 24, 29 90% from 25 to 44, 20 50% from 45 to 64, and 10 80% who were 65 years of age or older The median age was 32 years For every 100 females there were 93 20 males For every 100 females age 18 and over, there were 89 80 males The median income for a household in the county was $38,004, and the median income for a family was $52,892 Males had a median income of $30,028 versus $23,512 for females The per capita income for the county was $18,133 About 16 20% of families and 19 60% of the population were below the poverty line, including 27 20% of those under age 18 and 14 10% of those age 65 or over

Form and Line Reference	Explanation
Part VI - Community Building Activities	The Community Building Activities reported are support for the various Chambers of Commerces for the communities that we serve In supporting these organizations we can support the development of our community by bringing in new industries and jobs, increasing the average household income, improving living conditions, and impacting overall general health In 2013 University Health Services, Inc invested $76,304 in this support (see Part II, Sch H) Also University Health Services also works with the following community organizations to support and promote health in our community The Public Health DepartmentGeorgia Regents University Augusta School of NursingProject AccessGreater Augusta Healthcare Network (GAHN)Christ Community Health ServicesBeulah Grove Community ResourcesCoordinated Health ServicesHarrisburg Family HealthMiracle Making MinistriesNeighborhood Improvement ProjectUnited Way's 1st Stop 211Area Agency on Aging
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	UH governing Board members are comprised of citzens who reside in the UH's primary service area and are neither employees nor contractors of UH UH Board members are active in the community and are eager to improve the health and welfare of the community Several of UH Board Members worked with the local State Medical School to get interns & residents at the hospital since UH is among several counties that have been deemed as a Health Professional Shortage Area (HPSA) UH extends medical staff privileges to all qualified physicians in our community for all of the UH Departments UH works with the Greater Augusta Healthcare Network (GAHN) which is made up of area hospitals and the local Medical Colleges School of Nursing and area primary care clinics This group addresses the primary and specialty care needs in the community UH supports the Project Access Program (PJA) in Richmond and Columbia County PJA is a program whereby the local Medical Society Physicians agree to treat a number of Indigent county residents without payment UH provides all of the Inpatient hospitalization for the Indigent population that is approved for Project Access Through both of these groups UH is responsive to support them in their needs UH provides many screenings in the community One such screening is the PSA screening that is performed at Lowes Home Building stores Many have received the screening and received positive results which were caught at an early stage UH's Mobile Mammography unit travels to area plants and is available for screenings at the job site during lunch These are only a few screening of the Screenings that UH provides in the community but have tremendous impact when just one screening identifies problems that can be treated at an early stage 1 cancer verses at the later stages of cancer

Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	GA
Part V - Explanation of Number of Facility Type	UH owns and operates three (3) Home Health Agencies as hospital-based agencies

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Cancer Society 250 Williams Street NW Atlanta, GA 30303	13-1788491	501(c)(3)	15,000	0			Support Research
(2) Beulah Grove Community Resource 1446 Lee Beard Way Augusta, GA 30901	58-2159621	501(c)(3)	40,000	16,211	Cost	EPIC Clinical System, Lab Tests	Clinic Finanical Support
(3) Christ Community Health Services 519 Scotts Way Augusta, GA 30909	20-5404353	501(c)(3)	360,000	211,931	Medicare Cost Report	Donated Facilities	Clinic Financial Support
(4) Coordinated Health Services Inc 2110 Broad Street Augusta, GA 30904	58-2060572	501(c)(3)	140,000	8,821	Cost of Tests	Lab Testing	Clinic Financial Support
(5) Harrisburg Family Health 423 Crawford Ave Augusta, GA 30904	26-4366421	501(c)(3)	100,000	0			Clinic Financial Support
(6) Miracle Making Ministries 1127 Druid Park Ave Augusta, GA 30904	58-2358627	501(c)(3)	40,000	0			Clinic Financial Support
(7) Neighborhood Improvement Project 2467 Golden Camp Road Augusta, GA 30906	31-1491242	501(c)(3)	192,000	0			Clinic Financial Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	University Health Care System does not provide "grants" to assist other organizations, but does donate funds based on the following policy and procedures POLICY University Health Care System is committed to the overall health and well-being of the communities it serves and recognizes the need to support other non-profit organizations who share this commitment Corporate contributions and sponsorships are sometimes an appropriate vehicle for building partnerships with these non-profit organizations and maximizing our overall positive impact on the community PROCEDURE1 All contribution/sponsorship requests should be submitted in writing to the Corporate Communications Department for consideration Every effort should be made to process these requests and notify the requester within two weeks of receiving the written information required to evaluate the opportunity 2 In consultation with the CEO, the Director of Corporate Communications will prepare the annual budget for Corporate Contributions/Sponsorships and process/manage actual disbursements throughout the year 3 Requests will be evaluated based on the following criteria a Does the organization, event or publication promote the overall health and well-being of the communities we serve? Special consideration will be given to requests that directly impact health and wellness even though support may be available for organizations, events and/or publications that have a positive impact on the CSRA by "assisting in attracting and retaining a viable work-force"assisting in attracting and retaining viable businesses and employers in the CSRA"promoting the continued growth and economic well-being of the community"enhancing the quality of life in the CSRAb Does the proposed contribution/sponsorship primarily assist people locally rather than a national effort/initiative?c Does the requesting organization have an approved tax-exempt status?d Will the proposed contribution/sponsorship enhance the overall image/reputation of University Health Care System?e Will the proposed contribution/sponsorship heighten awareness of a significant health issue or disease that has a negative impact on the citizens in the communities we serve?4 Under no circumstances will contributions be made to political campaigns 5 Because of the large number of public and private schools in the CSRA, University will limit financial support/contributions to the various Boards of Education rather than individual schools (elementary, middle and high schools) 6 Because of the large number of churches in the CSRA, University will limit financial support/contributions to programs that include health-related services for underserved residents such as community clinics 7 Exception Financial support and partnerships with area colleges and technical schools do not fall under this policy

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	Social Club Dues- The organization pays membership fees for the CEO (James Davis) CFO (David Belkoski) to the Augusta Country Club and West Lake Country Club These membership fees are paid so the organization can have access to the meeting facilities and catering services these organizations provide for meetings that are held off campus Any personal use related to these memberships are included in the wages of the CEOs and CFO

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 58-1581103
Name: UNIVERSITY HEALTH SERVICES 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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dave A Belkoski CFO	(I) (II)	377,770	95,254	95,848	10,351	16,197	595,420	
Edward L Burr VP-Legal Affairs-Compliance	(I) (II)	265,069	72,317	39,315	45,431	15,261	437,393	
James R Davis President & CEO	(I) (II)	623,567	152,342	21,594	246,139	14,338	1,057,980	
John C Pope PA	(I) (II)	148,539	150	33,316	907	7,205	190,117	
Kyle E Howell VP-Support-Ancillary Systems	(I) (II)	176,213	51,480	42,881	6,690	9,942	287,206	
Laurie Ott Smith President-Foundation, VP HR-CommSV	(I) (II)	216,023	35,648	36,910	6,779	1,626	296,986	
Leslie A Clonch VP-Chief Information Officer	(I) (II)	231,844	60,348	33,983	1,402	14,448	342,025	
Lisa Ritch Corp Controller	(I) (II)	153,180	10,650	985	5,219	6,123	176,157	
Lynda Jones Watts VP Patient Care Svcs-CNO	(I) (II)	208,092	2,500	34,333	6,994	10,414	262,333	
Marilyn A Bowcutt President	(I) (II)	392,313	112,082	68,454	9,217	7,446	589,512	
Sandra McVicker CEO-University Hospital McDuffie	(I) (II)	248,351		35,963	7,452	8,069	299,835	
Shannon M Stinson VP-Chief Medical Informatics	(I) (II)			243,535		3,842	247,377	
Stephen M Gooden VP-Clinical Transformation	(I) (II)	274,327	66,147	30,102	1,582	8,385	380,543	
Tara A Kattine Physician	(I) (II)	229,436		17,955	7,228	7,122	261,741	
Teresa Waters Director	(I) (II)	148,983	16,300	542	5,559	6,532	177,916	
Timothy L Woodall Adm Dir Phy SVCs	(I) (II)	166,034		5,051	6,033	11,826	188,944	
William L Farr Jr CMO	(I) (II)	353,721	91,656	45,817	9,540	12,221	512,955	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	The Richmond County Hospital Authority	58-6001901	764603AV8	12-03-2009	150,901,243	Refund Bond Certificates (Bond Series 99,03,08)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,080,979			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	150,901,243			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,243			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	150,900,000			
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		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?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		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?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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 ▶		3 000 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 200 %						
6	Total of lines 4 and 5		3 200 %						
7	Does the bond issue meet the private security or payment test?		X						
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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	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?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate 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?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	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						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		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?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI	$150,900,000 was used to refund prior bonds issued 1999, 2003, and 2008

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Rhonda U Belkoski	Spouse of CFO	25,543	Employee Comp as RN		No
(2) Natalie H Thompson	Dau-Bd Memb	40,028	Employee Comp as RN		No
(3) Rebecca E Smith	Dau Bd Mem	57,425	Employee Comp as RN		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

Return Reference	Explanation
Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to Committee	In January 1985, the full Board approved the formation of an Executive Board by passing the following resolution Be it resolved that an Executive Committee of University Health Services, Inc be created to meet on a routine basis, such committee being composed of seven members The size of the committee may be changed from time to time by the Chairman of the Board but must always conform to the bylaws The tasks of the committee shall consist of planning, capital expenditure review, and financial review of the activities of University Health Services, Inc The Executive Committee may act on behalf of University Health Services, Inc and on budgeted capital requests, however, all capital requests in excess of $500,000 must be acted on by the full Board of Trustees

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	A copy of the 990 form and all related schedules was provided to the governing board before filing in electronic form An email was sent to all members of the governing body containing a link to a password-protected web site on which the entire 990 could be viewed The email explained that the Form 990 was available for review on the web site

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The steps in the conflict of interest policy are outlined below 1 Senior management (vice presidents and above) shall complete a Potential Conflict of Interest Questionnaire periodically Each System organization's CEO, COO, CFO and within their divisions' vice presidents may require any employee to complete a Potential Conflict of Interest Questionnaire 2 Each employee is expected to report a potential conflict of interest when it arises 3 A An employee will report a potential conflict by initiating a Potential Conflict of Interest Disclosure Form and delivering it to his/her vice president All employee potential conflicts will be screened by two levels of senior management to identify conflict or duality of interest situations (A duality of interest exists when an individual has personal or outside interests that can be affected by decisions of the System Such a duality or even multiplicity of interest can be beneficial to and consistent with the primary goals of the institutions Duality of interest can raise the potential for conflict of interest when the personal interests of individuals come into conflict with the interests of the System) B When a division vice president is notified of a potential conflict/duality of interest, the vice president shall investigate the situation and make a report of his or her findings along with a recommendation to the Executive Vice President (COO) or CEO of the involved System organization C The Executive Vice President or CEO who received the 3 B report shall make a decision concerning a potential conflict of interest and any resolution measures to be taken In the event the potential conflict involves a vice president, the President of University Health shall investigate the situation and make a decision concerning a potential conflict of interest and any resolution measures to be taken This information shall be communicated directly to the concerned employee D The employee may appeal the conflict of interest determination to the President of University Health The President's decision about a potential conflict of interest and any resolution measures is final and not cognizable under the Employee Grievance Policy A-30 E In the event the potential conflict involves the CEO of any System organization, the matter shall be reported to the Chairman of the involved System organization board, who shall determine if a conflict exists and what, if any, resolution measures are necessary in accordance with that corporation's conflict of interest policy 4 Filing of FormsA Conflict of Interest Questionnaires of those who are required by this policy to complete one periodically shall be filed in the applicable corporation's CEO's office and retained for no less than seven years Optional Conflict of Interest Questionnaires shall be filed in the office of the vice president who requested completion of the form B Completed Potential Conflict of Interest Disclosure Forms shall be filed in the applicable corporation's CEO's office for the CEO, COO, and vice presidents and for all others in the appropriate vice president's office The forms should be retained for no less than seven years 5 The Vice President for Legal Affairs will be available to advise on potential conflict of interest matters BOARD MEMBERS Board Members are also required to complete a Potential Conflict of Interest Questionnaire annually This questionnaire asks for disclosures related to any family relationships or business relationships with other board members, or business relationships with the Organization

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Organization follows the process described in Treasury Regulation 4958(6)(c) for establishing the rebuttable presumption of reasonableness in the review, approval, and documentation of officer, key management, and director compensation Annually a compensation committee of the University Health Services Board, comprised of three independent board members, reviews the compensation of the CEO and other senior management members The review is conducted in the context of a Board approved executive compensation philosophy Both the development of the compensation philosophy and the review involve the advice and assistance of an independent compensation consulting firm Minutes of the compensation committee are recorded The compensation committee reports to the University Health Services Board Executive Committee

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	All governing documents, policies, financial statements, and informational returns are available upon request at the Administrative offices The 990 is also available on www Guidestar org

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in unfunded pension gains = $44196042

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Other Cumulative Effect on Asset Retirement Obligations = $279390

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Rounding = -$0

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Rounding = $1

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to Affiliate = -$63205409

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SERVICES INC

Employer identification number
58-1581103

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Walton Way Indemnity SPC 2nd Fl Governors Sq 23 Lime Tree Grand Cayman CJ	Insurance Captive	CJ	-634,159	35,092,408	University Health Services Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Richmond County Hospital Authority 1350 Walton Way Augusta, GA 30901 58-6001901	Leased facilities	GA	501(c)(3)	3	N/A		No
(2) University Extended Care Inc 1350 Walton Way Augusta, GA 30901 58-1581105	Skilled Nursing Homes	GA	501(c)(3)	3	University Health Inc		No
(3) Augusta Resource Center on Aging Inc 4275 Owens Road Evans, GA 30809 58-1728812	Non Profit Life Care Community	GA	501(c)(3)	9	University Health Inc		No
(4) University Health Care Foundation Inc 2100 Central Avenue Suite D-1 Augusta, GA 30904 58-1343550	Philantrophy	GA	501(c)(3)	7	University Health Inc		No
(5) University Health Inc 1350 Walton Way Augusta, GA 30901 58-1581102	Consolidating Parent	GA	501(c)(3)	9	N/A		No
(6) University Hospice Inc 1350 Walton Way Augusta, GA 30901 27-5008428	End of Life Support	GA	501(c)(3)	9	University Health Inc		No
(7) University McDuffie County Regional Medi 1350 Walton Way Augusta, GA 30901 45-4166209	Hospital	GA	501(c)(3)	3	University Health Inc		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) University Health Resources Inc 1350 Walton Way Augusta, GA 30901 58-1601372	Services to Physicians	GA	University Health In	C Corp					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	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)	1g		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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r 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 this line, including covered relationships and transaction thresholds

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 58-1581103
Name: UNIVERSITY HEALTH SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Richmond County Hospital Authority 1350 Walton Way Augusta, GA 30901 58-6001901	Leased facilities	GA	501(c)(3)	3	N/A		No
(1) University Extended Care Inc 1350 Walton Way Augusta, GA 30901 58-1581105	Skilled Nursing Homes	GA	501(c)(3)	3	University Health Inc		No
(2) Augusta Resource Center on Aging Inc 4275 Owens Road Evans, GA 30809 58-1728812	Non Profit Life Care Community	GA	501(c)(3)	9	University Health Inc		No
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TY 2013 Itemized Other Current Liabilities Schedule

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Claims Payable	349,105	179,819

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TY 2013 Itemized Other Current Assets Schedule

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Deferred Brokerage Fee	40,000	40,000
		Deferred Reinsurance Premiums Ceded	303,333	283,333
		Interest Receivable	159,841	151,727
		Outstanding Losses Recoverable	4,080,401	6,484,241
		Prepaid expenses	16,733	43,400

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TY 2013 Other Deductions Schedule

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Administrative Expenses	1,804,089	
Brokerage Fees	60,000	
Fees paid to General Company	130,735	
Foreign Currency Total	6,846,352	
Losses and Loss Expense Paid	2,403,575	
Movement in outstanding loss recoverable	-2,403,840	
Movement in reserve for outstanding loss	4,851,793	
Total in Dollars		6,846,352

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TY 2013 Itemized Other Investments Schedule

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		Investments	27,369,042	21,874,051

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TY 2013 Itemized Other Liabilities Schedule

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Due to Broker		4,139,852
		Provision for Oustanding Claims	13,833,807	18,685,600
		Unearned Premiums	604,579	266,907

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TY 2013 Other Income Statement

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Description	Foreign Amount	Amount
Net investment loss	-1,237,060	

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: UNIVERSITY HEALTH SERVICES INC
EIN: 58-1581103
Software ID: 13000170
Software Version: 2013v3.1

Description	Beginning Amount	Ending Amount
Paid in Capital	9,999,000	9,999,000

UNIVERSITY HEALTH SERVICES, INC.

Consolidated Financial Statements

and Other Financial Information

For the Years Ended
December 31, 2013 and 2012

(with Independent Auditors' Report thereon)

UNIVERSITY HEALTH SERVICES, INC.

Table of Contents

Years Ended December 31, 2013 and 2012

Independent Auditors' Report

The Board of Trustees
University Health Services, Inc

We have audited the accompanying consolidated financial statements of University Health Services, Inc (UHS), which comprise the consolidated balance sheets 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 did not audit the financial statements of Walton Way Indemnity, SPC (WWI), a wholly owned subsidiary, which statements reflect total assets of approximately $30,686,000 and $33,666,000 as of December 31, 2013 and 2012, respectively Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to data included for WWI, is based solely on the report of the other auditor 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 auditors' 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 UHS'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 UHS'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, based on our audits and the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of University Health Services, Inc at December 31, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Dixon Hughes Goodman LLP

Atlanta, Georgia
April 28, 2014

225 Peachtree Street NE Suite 400 Atlanta GA 30303 | T 404 575 8200 | F 404 525 3800 | dhgllp.com

University Health Services, Inc.

Consolidated Balance Sheets

	December 31	
	2013	2012
Assets		
Current assets		
Cash and cash equivalents	**$ 27,476,850**	$ 15,721,699
Short-term investments	**17,338,179**	21,337,699
Patient accounts receivable, less allowances for uncollectible accounts of $16,387,232 in 2013 and $19,995,839 in 2012	**64,366,859**	64,516,903
Other receivables	**13,254,977**	10,850,639
Inventories	**8,156,732**	6,884,019
Prepaid expenses	**7,588,576**	6,779,023
Total current assets	**138,182,173**	126,089,982
Property and equipment, net	**231,618,474**	235,985,471
Other assets		
Amounts due from affiliates	**20,432,853**	55,721,721
Assets limited as to use	**35,392,463**	31,496,691
Investments	**385,471,587**	330,633,186
Other	**6,978,124**	4,730,095
Total assets	**$ 818,075,674**	$ 784,657,146

The accompanying notes are an integral part of these consolidated financial statements

University Health Services, Inc.

Consolidated Balance Sheets

	December 31	
	2013	2012
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 16,921,151**	$ 27,001,511
Accrued compensation, benefits, and withholdings	**16,252,849**	16,691,711
Other current liabilities	**1,609,749**	3,027,505
Estimated third-party payor settlements	**26,012,364**	29,351,192
Current maturities of long-term debt	**11,141,587**	2,505,000
Current portion of capital lease obligations	**1,667,716**	1,442,276
Short-term accrued postretirement cost	**1,793,521**	1,997,924
Total current liabilities	**75,398,937**	82,017,119
Long-term debt, less current maturities	**191,395,967**	143,760,503
Long-term capital lease obligations, less current portion	**3,445,020**	2,086,162
Other long-term obligations	**1,834,785**	2,113,482
Amount due to affliates	**4,572,087**	6,892,558
Reserve for contingent losses	**19,109,687**	14,305,417
Accrued pension cost	**593,134**	47,330,584
Accrued postretirement benefit cost, less short-term obligation	**23,612,859**	29,195,531
Total liabilities	**319,962,476**	327,701,356
Net assets		
Unrestricted	**462,877,164**	425,318,187
Temporarily restricted	**15,569,964**	12,304,424
Permanently restricted	**19,666,070**	19,333,179
Total net assets	**498,113,198**	456,955,790
Total liabilities and net assets	**$ 818,075,674**	$ 784,657,146

The accompanying notes are an integral part of these consolidated financial statements

University Health Services, Inc.

Consolidated Statements of Operations

	Year Ended December 31	
	2013	2012
Unrestricted revenues and other support		
Patient service revenue (net of contractual allowances and discounts)	**$ 408,702,698**	$ 388,159,243
Provision for bad debts	**(30,510,534)**	(19,886,188)
Net patient service revenue less provision for bad debts	**378,192,164**	368,273,055
Other operating revenues	**12,056,509**	9,801,280
Net assets released from restriction	**1,549,721**	2,700,769
Total unrestricted revenues and other support	**391,798,394**	380,775,104
Operating expenses		
Salaries and benefits	**170,430,581**	176,540,340
Other operating expenses	**164,994,471**	152,525,864
Depreciation	**33,349,984**	25,801,254
Interest	**8,781,279**	8,149,924
Total operating expenses	**377,556,315**	363,017,382
Income from operations	**14,242,079**	17,757,722
Nonoperating gains		
Investment income	**40,634,865**	43,942,858
Excess of revenues, other support, and gains over expenses and losses	**54,876,944**	61,700,580
Unfunded pension and postretirement gains	**44,196,042**	3,544,447
Other	**279,390**	585,528
Transfer to affiliate	**(62,489,999)**	–
Transfer from temporarily restricted net assets	**696,600**	501,482
Increase in unrestricted net assets	**$ 37,558,977**	$ 66,332,037

The accompanying notes are an integral part of these consolidated financial statements

University Health Services, Inc.

Consolidated Statements of Changes in Net Assets

	Year Ended December 31	
	2013	2012
Unrestricted net assets		
Excess of revenues, other support, and gains over expenses and losses	**$ 54,876,944**	$ 61,700,580
Unfunded pension and postretirement gains	**44,196,042**	3,544,447
Other	**279,390**	585,528
Transfer to affiliate	**(62,489,999)**	–
Transfer from temporarily restricted net assets	**696,600**	501,482
Increase in unrestricted net assets	**37,558,977**	66,332,037
Temporarily restricted net assets		
Contributions and other	**1,306,400**	1,817,287
Investment income	**4,276,060**	3,949,102
Net assets released from restriction	**(1,549,721)**	(2,700,769)
Transfer to unrestricted/permanently restricted net assets	**(767,199)**	(779,919)
Increase in temporarily restricted net assets	**3,265,540**	2,285,701
Permanently restricted net assets		
Contributions and other	**262,292**	254,318
Transfer from unrestricted/temporarily restricted net assets	**70,599**	278,437
Increase in permanently restricted net assets	**332,891**	532,755
Increase in net assets	**41,157,408**	69,150,493
Net assets at beginning of year	**456,955,790**	387,805,297
Net assets at end of year	**$ 498,113,198**	$ 456,955,790

The accompanying notes are an integral part of these consolidated financial statements

University Health Services, Inc.

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2013	2012
Operating activities		
Change in net assets	**$ 41,157,408**	$ 69,150,493
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Unfunded pension and postretirement gains	**(44,196,042)**	(3,544,447)
Depreciation	**33,349,984**	25,801,254
Provision for bad debts	**30,510,534**	19,886,188
Other	**(144,024)**	(450,162)
Changes in operating assets and liabilities		
Patient accounts receivable	**(30,360,490)**	(28,606,204)
Other receivables	**(2,404,338)**	(224,556)
Inventories	**(1,272,713)**	(183,897)
Prepaid expenses	**(809,553)**	245,879
Investments and assets limited as to use classified as trading	**(54,734,653)**	(37,213,451)
Other assets	**(2,323,635)**	(966,077)
Accounts payable and accrued expenses	**(10,080,360)**	9,745,787
Accrued compensation, benefits, and withholdings	**(438,862)**	(2,196,704)
Other current liabilities	**(1,417,756)**	123,536
Other long-term obligations	**693**	(590)
Estimated third-party payor settlements	**(3,338,828)**	13,846,954
Reserve for contingent losses	**4,804,270**	(8,541,880)
Accrued pension and postretirement benefit cost	**(8,328,483)**	(6,685,834)
Net cash provided (used) by operating activities	**(50,026,848)**	50,186,289
Investing activities		
Purchases of property and equipment	**(25,657,490)**	(40,890,458)
Withdraws in assets limited escrow account	**–**	2,445,000
Net cash used in investing activities	**(25,657,490)**	(38,445,458)
Financing activities		
Proceeds from bank term loans	**63,266,138**	–
Scheduled principal payments on long-term debt	**(7,053,847)**	(2,445,000)
Principal payments on capital lease obligations	**(1,741,199)**	(1,716,985)
Change in amounts due from affiliates	**35,288,868**	(29,876,819)
Change in amounts due to affiliates	**(2,320,471)**	6,892,558
Net cash provided (used) by financing activities	**87,439,489**	(27,146,246)
Net increase (decrease) in cash and cash equivalents	**11,755,151**	(15,405,415)
Cash and cash equivalents at beginning of year	**15,721,699**	31,127,114
Cash and cash equivalents at end of year	**$ 27,476,850**	$ 15,721,699
Supplemental schedule of cash flow information		
Cash paid for interest	**$ 8,552,257**	$ 3,937,575
Noncash investing and financing activities		
Property leased under capital lease obligations	**$ 3,325,497**	$ 506,713

The accompanying notes are an integral part of these consolidated financial statements

1 Significant Accounting Policies

The significant accounting policies adopted by University Health Services, Inc are set forth below

Organization and Reporting Entity - The accompanying consolidated financial statements include the accounts of University Health Services, Inc (UHS), University Health Care Foundation, Inc (the Foundation), and Walton Way Indemnity, SPC (WWI), collectively known as University Hospital or UHS All significant intercompany accounts and transactions have been eliminated

UHS, which is located in Augusta, Georgia, is a not-for-profit acute care hospital UHS provides inpatient, outpatient, and emergency care services primarily for residents of the Augusta metropolitan area Admitting physicians are primarily practitioners in the local area The Foundation was established for the specific purpose of obtaining donations for UHS It is a separate legal entity whose accounts are consolidated with UHS for purposes of these consolidated financial statements WWI was established to provide professional liability insurance for UHS It is a separate legal entity whose accounts are consolidated with UHS for purposes of these consolidated financial statements

University Health, Inc (the Corporation), a not-for-profit corporation, was formed to conduct long-range health planning, public health education, and resource allocation for University Health Services, Inc and other affiliated corporations including University Extended Care, Inc (UEC), University Health Resources, Inc (UHR), University Healthcare Physicians (UHCP), University Hospice (UHOSP) and Augusta Resource Center on Aging, Inc (ARCOA) Effective December 31, 1984, Richmond County Hospital Authority (the Authority) approved the restructuring of the Hospital, whereby it was leased to University Health Services, Inc , an affiliate of University Health, Inc , for two lease terms of 30 years each expiring on February 1, 2045

Use of Estimates - The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosures 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 Equivalents - UHS considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents Deposits with banks are generally federally insured in limited amounts

Patient Accounts Receivable - Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Corporation 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 Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, UHS analyzes contractually due amounts 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 patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), UHS records a 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 standard rates (or the discounted rates) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts Recoveries of accounts previously written off are recorded as a reduction to the provision for bad debt expense when received

Allowance for Uncollectible Accounts - The allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections, considering business and economic conditions, trends in health care coverage, and other collection indicators Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts UHS's allowance for doubtful accounts for self-pay patients was 58% and 57% of self-pay accounts receivable and patient liability portion of other accounts at December 31, 2013 and 2012, respectively

Investments - Investments in other enterprises whereby UHS does not have control but does exert significant influence are accounted for under the equity method of accounting UHS has equity investments in the following enterprises

- Medical Resource Network, L L C
- Phoenix Health Care Management Services, Inc

Investments in marketable securities are measured at fair market value UHS's investment portfolio is classified as trading As such, all investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues, other support, and gains over expenses and losses

Inventories - Inventories (primarily pharmaceuticals and medical supplies) are stated at the lower of cost (first-in, first-out and average cost methods) or market

Assets Limited as to Use - Assets limited as to use consist of Foundation investments limited as to use by donors and are measured at fair value

Property and Equipment - Property and equipment are stated at cost Major renewals and betterments are charged to the property accounts while maintenance and repairs which do not improve or extend the life of the respective assets are charged to operations Upon disposal of properties, the related costs and accumulated depreciation are removed from the respective accounts Any resulting gains or losses are reflected as other operating revenue or expenses

UHS follows the policy of providing for depreciation by charging against operations amounts sufficient to amortize the cost of properties over their estimated useful lives principally using the straight-line method Principal lives used are 20 to 50 years for buildings and improvements, 5 to 20 years for fixed equipment, and 3 to 10 years for major moveable equipment Amortization of assets recorded under capital lease obligations is included in depreciation expense

Vacation and Sick Pay - UHS accrues vacation and sick pay as earned by employees

Asset Retirement Obligation - A conditional asset retirement obligation is an unconditional legal obligation to perform an asset retirement activity in which the timing and (or) method of settlement are conditional on a future event that may or may not be within the control of the entity UHS recognizes a liability for the fair value of a conditional asset retirement obligation if the fair value of the liability can be reasonably estimated UHS has determined that conditional legal obligations exist for its facilities related primarily to asbestos materials UHS has recorded a liability of approximately $1,835,000 and $2,113,000 for the estimated present value for the conditional asset retirement obligation at December 31, 2013 and 2012, respectively A related amount is recorded in property and equipment of approximately $2,200 and $1,500, representing the remaining un-depreciated cost of the asset retirement obligation at December 31, 2013 and 2012, respectively

Pension Plan and Post-Retirement Health Care Benefits – UHS sponsors a defined benefit pension plan and a post-retirement health care plan UHS recognizes the overfunded and underfunded status of the defined benefit pension and postretirement plans in its balance sheets Changes in the funded status are recorded in the year in which the changes occurred through changes in unrestricted net assets Plan assets and benefit obligations are measured as of the date of the fiscal year-end balance sheet

Net Patient Service Revenue - Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as cost report years are no longer subject to such audits, reviews, and investigations Net patient service revenue increased approximately $6,301,000 and $12,216,000 in 2013 and 2012, respectively, due to changes in amounts previously estimated as a result of final settlements and changes in estimates

The Medicare program pays prospectively determined rates for inpatient and outpatient operating and capital related services These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Revenue for services rendered under Medicare and Medicaid third-party payor programs has been recorded at estimated settlement amounts Final determination of the settlement amounts is subject to review by appropriate authorities or their agents and to the extent

that ultimate settlement amounts differ from amounts previously estimated, related adjustments are reflected in the financial statements in the period of final settlement Final settlement has been reached through the fiscal year ended December 31, 2009, for Medicare services

The Medicaid program pays prospectively determined rates for inpatient operations and capital related services These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Outpatient services are paid on a cost reimbursement basis Final settlement has been reached through the fiscal year ended December 31, 2010, for Georgia Medicaid services and through the fiscal year ended December 31, 2006 for South Carolina Medicaid services

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 created the Recovery Audit Contractors ("RAC") program to detect and correct improper payments in the Medicare program The RAC reviews began in late 2009 and continued in 2013 Although management believes its billing policies do not result in overpayments, the RAC reviews could materially affect the operations of UHS

Gross patient service charges under the Medicare and Medicaid programs amounted to approximately $757,000,000 and $684,000,000 for the fiscal years ended December 31, 2013 and 2012, respectively, representing approximately 63% and 61% of total gross patient service charges for the fiscal years ended December 31, 2013 and 2012, respectively

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation UHS believes that it is in compliance with all applicable laws and regulations UHS is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material effect on the consolidated financial statements Compliance with such laws and regulations can be subject to future government review and interpretation Non-compliance can result in significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs

UHS also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to UHS under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates Revenue is recognized as services are provided for these payors

Provision for Bad Debts - During 2012, UHS adopted Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* In conjunction with the adoption, UHS reclassified the provision for bad debts associated with the patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Accordingly, the provision for bad debts is included as a component of net patient service revenue in the consolidated statements of operations for 2013 and 2012

Charity Care - UHS provides care to patients who meet certain criteria under its charity care policy without charge or for payments less than its established rates Payments from public assistance programs on behalf of patients who meet UHS' charity care criteria are reported as net patient service revenue Because UHS does not expect collection of amounts determined as charity care, they are not reported as revenue Gross charges forgone based on established rates for charity care services rendered were approximately $69,956,000 and $74,325,000 for the years ended December 31, 2013 and 2012, respectively The costs to provide charity services were approximately $20,987,000 and $23,784,000 for the years ended December 31, 2013 and 2012 These costs are estimated based on UHS' cost to charge ratio for each respective fiscal year

Other Operating Revenue - The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain healthcare providers that use certified electronic health records ("EHR") technology The program is commonly referred to as the Health Information Technology for Economic and Clinical Health ("HITECH") Act To qualify for incentives under the HITECH Act, healthcare providers must meet designated EHR meaningful use criteria as defined by the Centers for Medicare and Medicaid Services ("CMS") Incentive payments are awarded to healthcare providers who have attested to CMS that applicable meaningful use criteria have been met Compliance with meaningful use criteria is subject to audit by the federal government or its designee and incentive payments are subject to adjustment in a future period

UHS recognizes revenue for EHR incentive payments in the period in which it has attested that it is in compliance with the applicable EHR meaningful use requirements Accordingly, UHS recognized other operating revenues of approximately $3,500,000 in the consolidated statements of operations for the year ended December 31, 2013

Excess of Revenues, Other Support, and Gains Over Expenses and Losses - The consolidated statements of operations include excess of revenues, other support, and gains over expenses and losses Changes in unrestricted net assets which are excluded from excess of revenues, other support, and gains over expenses and losses, consistent with industry practice, include changes in unfunded pension and postretirement liability, permanent transfers of assets for other than goods and services, and 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)

Accounting for Income Taxes - UHS and the Foundation are exempt from federal income tax under Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as

amended Accordingly, the accompanying consolidated financial statements do not reflect a provision or liability for federal and state income taxes UHS and the Foundation have evaluated their tax positions and determined that they do not have any material unrecognized tax benefits or obligations as of December 31, 2013 Fiscal years ended on or after December 31, 2010 remain subject to examination by federal and state tax authorities

There is presently no taxation imposed by the government of the Cayman Islands on income or premiums of WWI As a result, no tax liability or expense has been recorded

Donor-Restricted Gifts - Unconditional promises to give cash and other assets to UHS are reported at fair value at the date the promise 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 as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Fair Value of Financial Instruments - Fair value as defined under GAAP is an exit price, representing 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 GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include

- Level 1 Observable inputs such as quoted prices in active markets
- Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable
- Level 3 Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions

Subsequent Events - UHS evaluated the effect subsequent events would have on the consolidated financial statements from January 1, 2014 through April 28, 2014, which is the date the consolidated financial statements were available to be issued UHS did not have any material recognizable subsequent events that would require recognition or disclosure in the consolidated financial statements

2 Amounts Due from and Due to Affiliates

The amounts due from affiliates of University Health Services, Inc consist of the following

	2013	2012
Due from University Health Resources, Inc	$ 7,656,861	$ 6,941,227
Due from University Health Care Physicians, LLC	-	41,156,611
Due from University Hospice, Inc	2,612,020	1,584,338
Due from University McDuffie County Regional Medical Center, Inc	9,903,770	5,779,343
Due from University Health, Inc	260,202	260,202
	$ 20,432,853	$ 55,721,721

Due to affiliate of University Health Services, Inc amounted to $4,572,087 and is due to University Extended Care, Inc at December 31, 2013 During 2013, UHS recorded an equity transfer of $62,489,999 to University Health Care Physicians, LLC

3 Investments

Short-term investments

The composition of short-term investments at December 31, 2013 and 2012 is set forth in the following table

	2013	2012
U S government backed securities	$ 17,338,179	$ 21,337,699

Assets Limited as to Use

The composition of assets limited as to use at December 31, 2013 and 2012 is set forth in the following table

	2013	2012
Cash and cash equivalents	$ 1,877,220	$ 2,836,416
Equities	20,371,005	18,463,092
Limited partnerships	4,312,964	1,423,300
Fixed income securities	8,831,274	8,773,883
	$ 35,392,463	$ 31,496,691

Long-Term Investments

The composition of long-term investments at December 31, 2013 and 2012 is set forth in the following table

	2013	2012
Cash and cash equivalents	$ 5,325,653	$ 4,525,141
Equities	222,413,226	201,608,421
Limited partnerships	51,827,159	14,736,907
Fixed income securities	102,653,262	106,863,212
Other	3,252,287	2,899,505
	$ 385,471,587	$ 330,633,186

Investment income, gains, and losses for short-term investments, assets limited as to use, long-term investments, and cash and cash equivalents are comprised of the following for the years ended December 31, 2013 and 2012

	2013	2012
Interest and dividend income	$ 13,809,147	$ 11,112,403
Net realized gains on investments	14,987,640	10,160,576
Change in net unrealized gains on investments, trading securities	16,114,138	26,618,981
	$ 44,910,925	$ 47,891,960

4 Property and Equipment

Property and equipment consist of the following

	2013	2012
Land	$ 10,580,693	$ 10,580,693
Land improvements	4,300,553	4,255,267
Buildings and improvements	255,812,768	251,547,071
Major moveable equipment	241,833,466	220,162,621
Fixed equipment	18,738,916	18,738,916
	531,266,396	505,284,568
Less accumulated depreciation	305,485,553	278,230,764
	225,780,843	227,053,804
Construction in progress	5,837,631	8,931,667
	$ 231,618,474	$ 235,985,471

Equipment under capital lease obligations is included in major movable equipment and accumulated depreciation The carrying value and related accumulated depreciation at December 31, 2013 are approximately $8,732,000 and $3,789,000 and at December 31, 2012 are approximately $8,510,000 and $5,157,000, respectively

5 Long-Term Debt

Long-term debt is summarized as follows

	2013	2012
Revenue Anticipation Certificates, Series 2009	$ 145,135,000	$ 147,640,000
Banc of America Leasing	58,717,290	-
Less current maturities	11,141,587	2,505,000
Less Series 2009 original issue discount	1,314,736	1,374,497
Total	$ 191,395,967	$ 143,760,503

On November 24, 2009, the Authority issued $152,460,000 of tax-exempt Series 2009 revenue anticipation certificates (the 2009 Certificates) for the purpose of refunding the Series 1999, 2003, and 2008 revenue anticipation certificates, in order to refinance the costs of acquiring, constructing, and installing certain additions, improvements, and renovations to UHS The 2009 Certificates consist of both Serial and Term Certificates The 2009 Serial Certificates totaling $23,725,000 are payable annually in varying principal amounts ranging from $925,000 to $2,935,000 through 2019 and bear interest at fixed rates ranging from 3 00% to 5 00%, payable annually The 2009 Term Certificates totaling $23,280,000, $35,840,000, and $69,615,000 are due 2024, 2029, and 2036, respectively, at interest rates ranging from 5 00% to 5 50%, payable annually

The gross revenue and property of the Obligated Group are pledged as security for the outstanding 2009 Certificates The Obligated Group consists of UHS, UHI, and UEC and affiliates of these corporations The related loan agreements and master trust indenture contain certain covenants on the part of the Obligated Group, including limitations on the incurrence of additional indebtedness, transfers of assets, maintenance of certain amounts of insurance, and certain other financial covenants

Beginning March 27, 2013, University Health Services, Inc entered into a financing agreement in the amount of $63,266,138 with Bank of America to retroactively finance the Epic system conversion and other capital equipment These funds were borrowed over the course of the year and each note schedule consists of a term of seven years with interest rates varying from 2 20% to 2 67%

Scheduled principal payments on long-term debt and mortgage obligations are as follows

	Total
2014	$ 11,141,587
2015	11,342,576
2016	11,648,082
2017	11,853,210
2018	12,168,067
Thereafter	145,698,768
	$ 203,852,290

6 Reserve for Contingent Losses

WWI, a wholly owned subsidiary of UHS, was incorporated as an exempted segregated portfolio company on August 23, 2002, under the laws of the Cayman Islands, B W I , to provide professional and general liability coverage for UHS and its sister corporations effective July 1, 2002 WWI provides prior acts professional liability coverage for UHI, UHS, UEC, UHR, and the employed physicians for claims incurred but not reported from January 1, 1992 through July 1, 2002, and for claims incurred and reported from July 1, 2002 to the end of the current policy period, September 1, 2014 In 2012 the captive, under approval of the Cayman Island Monetary Authority, expanded coverage to address the workers compensation claims of University Health Services, Inc

The absolute ten year statute of limitations for bringing professional liability actions, including those involving minors, now puts all of the system's exposures in the captive WWI currently insures the Corporation, UHS, and UHCP for professional and general liabilities under a $25 million policy on a claims made basis WWI is directly responsible for up to $5 million per claim with a policy aggregate of $14 million The $20 million excess coverage is ceded in two tiers of $10 million each to "A" rated outside insurance providers with WWI remaining liable for $150,000 each and every claim, in the excess layer WWI provides professional and general liability coverage to UEC with a claim made policy of $2 million per claim with a $4 million annual aggregate, retroactive to January 1, 1992

The liability and expenses related to the professional and general liability risks of both UHS and UEC are based on incurred losses and expenses and expected future losses and expenses which are evaluated annually with an actuarial analysis performed by Towers Watson which include the individual case reserves for identified and reported claims as well as aggregate liability for incurred but not reported losses

In 2011, WWI assumed responsibility for self-insured retentions (SIR's) and deductibles of the employed physicians of owned subsidiaries whose principal liability coverage is through licensed commercial insurers The exposure of the employed physicians is included in the annual actuarial analysis prepared for the captive

UHS in the past self-insured workers' compensation claims ($400,000/claim) through SIR's and had accrued an estimate of this liability amounting to approximately $1,478,000 at December 31, 2011 Effective January 1, 2012 this risk was transferred to the captive in what was constructively a loss portfolio transfer of existing claims in the SIR and assumption for claims made during the policy year January 1, 2012 to January 1, 2013 The SIR remains covered by Walton Way Indemnity and the exposure is evaluated annually by Rivelle Consulting which has performed the workers compensation actuarial reviews for more than seven years

It is the opinion of management that adequate provision has been made for these exposures and potential losses and that such loss would not materially affect the consolidated financial position of UHS or UHI

7 Concentrations of Credit Risk

UHS grants credit without collateral to its patients, most of who are local residents of Augusta, Georgia, and the surrounding region and are insured under various third-party payor agreements The mix of receivables from patients and third-party payors at December 31, 2013 and 2012 was as follows

	2013	2012
Medicare	44%	43%
Medicaid	10	10
Other third-party payors	32	33
Patients	14	14
	100%	100%

8 Retirement Benefits

UHS sponsors a defined benefit pension plan and a defined benefit health care plan providing medical and dental benefits to retirees

University Health Services, Inc is the sponsor of a defined benefit pension plan covering substantially all of UHS' eligible employees hired prior to January 1, 2005 The benefits are based on years of service and the employee's average compensation for the five consecutive calendar years during the last ten years of service which produces the highest average Benefits were frozen as of December 31, 2006 UHS' funding policy is to contribute an amount at least equal to the minimum required ERISA contribution, but no less than the net periodic benefit cost

Net periodic benefit cost includes the following components

	2013	2012
Interest cost	$ 8,855,240	$ 9,070,812
Expected return on plan assets	(12,563,420)	(11,258,186)
Amortization of prior service cost	567,754	567,754
Amortization of net loss	6,273,017	6,602,560
	$ 3,132,591	$ 4,982,940

The actuarial assumptions used to determine net periodic benefit cost for the plan for the years ended December 31, 2013 and 2012 were as follows

	2013	2012
Discount rate	4 15%	4 50%
Expected long-term rate of return on plan assets	7 50%	7 50%

The actuarial assumptions used to determine benefit obligations for the plan as of December 31, 2013 and 2012 were as follows

	2013	2012
Discount rate	4.97%	4.15%

The following table presents a reconciliation of the beginning and ending balances of the plan's projected benefit obligation, the fair value of plan assets, and the funded status of the plan

	2013	2012
Change in benefit obligation		
Projected benefit obligation, beginning of year	$ 217,770,533	$ 205,665,588
Interest cost	8,855,240	9,070,812
Actuarial loss	(20,167,955)	10,971,726
Benefits paid	(8,413,104)	(7,937,593)
Projected benefit obligation, end of year	$ 198,044,714	$ 217,770,533
Change in plan assets		
Fair value of plan assets, beginning of year	$ 170,439,949	$ 149,234,941
Actual return on plan assets	25,424,735	19,142,601
Contributions of plan sponsor	10,000,000	10,000,000
Benefits paid	(8,413,104)	(7,937,593)
Fair value of plan assets, end of year	$ 197,451,580	$ 170,439,949
Funded status of the plan recognized in the balance sheets	$ (593,134)	$ (47,330,584)

The accumulated benefit obligation was $198,044,714 and $217,770,533 as of December 31, 2013 and 2012, respectively

Amounts recognized in the consolidated balance sheets at December 31 consist of

	2013	2012
Noncurrent assets	$ -	$ -
Current liabilities	-	-
Noncurrent liabilities	(593,134)	(47,330,584)
Net amount recognized	$ (593,134)	$ (47,330,584)

Amounts recognized in unrestricted net assets at December 31 consist of

	2013	2012
Net actuarial loss	$ 35,983,604	$ 75,285,891
Prior service cost	14,761,614	15,329,368
	$ 50,745,218	$ 90,615,259

The gain in unrestricted net assets during the year is attributable to

	2013	2012
Amortization of prior service cost	$ (567,754)	$ (567,754)
Net gain during the year	(39,302,287)	(3,515,249)
	$ (39,870,041)	$ (4,083,003)

The net actuarial loss and prior service cost included in unrestricted net assets and expected to be recognized in net periodic pension cost during the fiscal year ending December 31, 2014, are approximately $1,956,000 and $568,000, respectively

The plan's asset allocations at December 31, 2013 and 2012 as a percentage of plan assets by asset category are as follows

	2013	2012
Cash and cash equivalents	1%	0%
Real estate	10	10
Fixed income securities	35	35
Equity securities	54	55
	100%	100%

The investment policy, as established by the Pension Committee, is to provide for growth of capital by investing in a balanced portfolio The equity allocation target is a maximum of 55% The actual asset allocation of total plan assets, as well as the performance of individual managers, is reviewed by the Pension Committee on a quarterly basis

The plan's long-term rate of return assumption of 7 5% is based on expectations regarding each asset category and average long-term rate of returns for a portfolio allocated across these categories

Expected employer contributions for the year ending December 31, 2014, are approximately $1,205,000

Based on current data and assumptions, the following benefit payments are expected to be paid over the next ten years

Year ending:	
2014	$ 9,426,492
2015	9,793,830
2016	10,178,894
2017	10,561,310
2018	10,969,890
2019-2023	62,827,575

The measurement dates used are December 31, 2013 and 2012

In addition to UHS' defined benefit pension plan, UHS sponsors a defined benefit health care plan that provides postretirement medical and dental benefits to full-time employees hired prior to January 1, 2005, who have worked ten years and attained age 55 while in service with UHS Effective January 1, 2011, the plan requires the employee to work twenty years and attain the age of 60 Effective January 1, 2010, the plan no longer provides a dental supplement to the participants The plan is contributory with retiree contributions adjusted annually, and contains other cost-sharing features such as deductibles and coinsurance The accounting for the plan anticipates future cost-sharing changes to the plan that are consistent with UHS' expressed intent to increase the retiree contribution rate annually for the expected increases in the health trend rates UHS' policy is to fund benefits as they are actually submitted for payment by plan participants, rather than build a segregated reserve to finance future benefit payments

Net periodic postretirement benefit cost includes the following components

	2013	2012
Service cost	$ 655,947	$ 684,136
Interest cost	1,253,071	1,398,213
Amortization of prior service cost	(2,990,790)	(2,990,790)
Amortization of actuarial loss	1,618,622	1,744,207
	$ 536,850	$ 835,766

The following table presents a reconciliation of the beginning and ending balances of the plan's accumulated postretirement benefit obligation, and the funded status of the plan

	2013	2012
Change in benefit obligation		
Accumulated postretirement benefit obligation, beginning of year	$ 31,193,455	$ 32,323,673
Service cost	655,947	684,136
Interest cost	1,253,071	1,398,213
Actuarial gain	(5,698,169)	(708,027)
Net claims paid	(1,997,924)	(2,504,540)
Accumulated postretirement benefit obligation, end of year	$ 25,406,380	$ 31,193,455
Plan assets, end of year	$ -	$ -
Funded status of the plan recognized in the balance sheets	$ (25,406,380)	$ (31,193,455)

Amounts recognized in the consolidated balance sheets at December 31 consist of

	2013	2012
Noncurrent assets	$ -	$ -
Current liabilities	(1,793,521)	(1,997,924)
Noncurrent liabilities	(23,612,859)	(29,195,531)
Net amount recognized	$ (25,406,380)	$ (31,193,455)

Amounts recognized in unrestricted net assets at December 31 consist of

	2013	2012
Net actuarial loss	$ (13,137,995)	$ (20,454,786)
Prior service cost	8,469,764	11,460,554
Accumulated contributions in excess of net periodic benefit cost	(20,738,149)	(22,199,223)
	$ (25,406,380)	$ (31,193,455)

The (gain) loss in unrestricted net assets during the year is attributable to

	2013	2012
Amortization of prior service credit	$ 2,990,790	$ 2,990,790
Amortization of loss	(1,618,622)	(1,744,207)
Net gain during the year	(5,698,169)	(708,027)
	$ (4,326,001)	$ 538,556

The net actuarial loss, prior service cost and transition obligation included in unrestricted net assets and expected to be recognized in net periodic postretirement benefit cost during the fiscal year ending December 31, 2014, are ($1,618,622), $2,990,790, and $0, respectively

The discount rates used to determine net periodic postretirement benefit cost for the plan for the years ended December 31, 2013 and 2012 were as follows

	2013	2012
Discount rate	4 15%	4 50%

The discount rate used to determine benefit obligations for the plan as of December 31, 2013 and 2012 were as follows

	2013	2012
Discount rate	4 97%	4 15%

The initial and health care trend rates for determining benefit obligations at year-end are shown below The initial rate decreases gradually to the ultimate trend rate

	2013	2012
Medical benefits		
Initial trend rate	7 60%	7 80%
Ultimate trend rate	4 50%	4 50%
Year ultimate rate reached	2029	2029

The health care cost trend rate assumption has a significant effect on the amounts reported For example, increasing the assumed health care cost trend rate by one percentage point in each year would increase the accumulated postretirement benefit obligation as of December 31, 2013 by approximately $3,463,000 and the aggregate of the service and interest cost components of net periodic postretirement benefit cost by approximately $331,000 for 2013 A one percentage point decrease in each year would decrease the accumulated postretirement benefit obligation as of December 31, 2013, by approximately $2,828,000 and the aggregate of the service cost and interest cost components of net periodic postretirement benefit cost by approximately $264,000 for 2013

Based on current data and assumptions, the following benefit payments are expected to be paid over the next ten years

Year ending:

2014	$ 1,793,521
2015	1,687,741
2016	1,682,984
2017	1,655,672
2018	1,560,547
2019-2023	6,590,763

The measurement dates used are December 31, 2013 and 2012

9 Endowment Funds

UHS has 127 donor restricted endowment funds and 74 other donor restricted funds established for a variety of purposes As required by GAAP, net assets associated with endowment funds, and other donor restricted funds, are classified and reported based on the existence or absence of donor-imposed restrictions

Interpretation of Relevant Law – The State Prudent Management of Institutional Funds Act (SPMIFA) requires the preservation of the fair value of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary As such, UHS classifies donor restricted endowment funds as permanently restricted net assets (a) at the original value of gifts donated to the permanent endowment, (b) at the original value of subsequent gifts to the permanent endowment, and (c) through accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA

In accordance with SPMIFA, UHS considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds

1) The duration and preservation of the fund
2) The purpose of UHS and the donor restricted endowment fund
3) General economic conditions
4) The possible effect of inflation and deflation
5) The expected total return from income and the appreciation of investments
6) Other resources of the organization
7) The investment policies of the organization

The composition of donor restricted endowment funds and other donor restricted funds by type and restriction as of December 31, 2013 is summarized as follows

	Temporarily Restricted	Permanently Restricted	Total Funds
Donor restricted endowment funds	$ 10,876,337	$ 19,666,070	$ 30,542,407
Other donor restricted funds	4,693,627	-	4,693,627
Total donor restricted funds	$ 15,569,964	$ 19,666,070	$ 35,236,034

The composition of donor restricted endowment funds and other donor restricted funds by type and restriction as of December 31, 2012 is summarized as follows

	Temporarily Restricted	Permanently Restricted	Total Funds
Donor restricted endowment funds	$ 7,801,800	$ 19,333,179	$ 27,134,979
Other donor restricted funds	4,502,624	-	4,502,624
Total donor restricted funds	$ 12,304,424	$ 19,333,179	$ 31,637,603

The changes in donor restricted funds for the year ended December 31, 2013 are summarized as follows

	Temporarily Restricted	Permanently Restricted	Total Funds
Donor restricted funds, beginning of year	$ 12,304,424	$ 19,333,179	$ 31,637,603
Investment return			
Investment income	1,118,610	-	1,118,610
Net (depreciation) appreciation (realized and unrealized)	3,157,450	-	3,157,450
Total investment return	4,276,060	-	4,276,060
New gifts	1,306,400	262,292	1,568,692
Appropriation of endowment assets for expenditure	(1,549,721)	-	(1,549,721)
Transfers	(767,199)	70,599	(696,600)
Donor restricted funds, end of year	$ 15,569,964	$ 19,666,070	$ 35,236,034

The changes in donor restricted funds for the year ended December 31, 2012 is summarized as follows

	Temporarily Restricted	Permanently Restricted	Total Funds
Donor restricted funds, beginning of year	$ 10,018,723	$ 18,800,424	$ 28,819,147
Investment return			
Investment income	908,641	-	908,641
Net (depreciation) appreciation (realized and unrealized)	3,040,461	-	3,040,461
Total investment return	3,949,102	-	3,949,102
New gifts	1,817,287	254,318	2,071,605
Appropriation of endowment assets for expenditure	(2,700,769)	-	(2,700,769)
Transfers	(779,919)	278,437	(501,482)
Donor restricted funds, end of year	$ 12,304,424	$ 19,333,179	$ 31,637,603

Funds with Deficiencies – From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or SPMIFA requires UHS to retain as a fund of perpetual duration There were no significant deficiencies as of December 31, 2013 and 2012

Return Objectives and Risk Parameters – UHS has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for a donor-specified period(s) UHS expects its endowment funds, over time, to provide an average rate of return of approximately 8 percent annually Actual returns in any given year may vary from this amount

Strategies Employed for Achieving Objectives – To satisfy its long-term rate-of-return objectives, UHS relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) UHS targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

Spending Policy and How the Investment Objectives Relate to Spending Policy – During 2009, UHS adopted a policy of appropriating for distribution each year 4 percent of its endowment fund's three year moving average as of September 30 preceding the fiscal year in which the distribution is planned In establishing this policy, UHS considered the long-term expected return on its endowment Accordingly, over the long term, UHS expects the current spending policy to allow its

endowment to grow at an average of 4 percent annually This is consistent with UHS' objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return

10 Leases

UHS leases office space and equipment from various parties Future minimum payments, by year and in the aggregate, at December 31, 2013, are as follows

	Capital Leases	Operating Leases
2014	$ 1,863,451	$ 2,069,834
2015	1,696,824	2,183,129
2016	884,083	1,929,736
2017	780,202	1,007,655
2018	298,884	372,517
Thereafter	-	216,715
Total minimum lease payments	5,523,444	$ 7,779,586
Amounts representing interest	410,708	
Present value of net minimum lease payments (including current portion of $1,667,716)	$ 5,112,736	

Rental expense incurred for 2013 and 2012 amounted to approximately $3,056,000 and $3,004,000, respectively

11 Functional Expenses

UHS provides inpatient, outpatient, and emergency care services primarily for residents of the Augusta, Georgia, area Expenses related to providing these services for the years ended December 31, 2013 and 2012, are

	2013	2012
Patient care services	$ 356,552,662	$ 353,090,288
General and administrative	21,003,653	9,927,094
Total operating expenses	$ 377,556,315	$ 363,017,382

12 Fair Values of Financial Instruments

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement UHS' assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy Level 1 investments include common stocks and certain equity mutual funds

Level 2 investment securities include money market funds, corporate bonds, U S government backed securities, mortgage-backed securities, certain equity mutual funds, and non-publicly traded common stocks for which quoted prices are not available in active markets for identical instruments UHS utilizes a third party pricing service to determine the fair value of each of these investment securities Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics

The following table summarizes UHS' assets accounted for at fair value on a recurring basis by level within the fair value hierarchy at December 31, 2013

	Level 1	Level 2	Level 3	Total
Short-term investments				
Fixed income				
U S government backed securities	$ -	$ 17,338,179	$ -	$ 17,338,179
Assets limited as to use				
Cash and cash equivalents				
Money market funds	$ -	$ 1,351,459	$ -	$ 1,351,459
Foreign currency	-	330	-	330
STIF-type instrument	106,713	418,718	-	525,431
Total cash and cash equivalents	106,713	1,770,507	-	1,877,220
Equities				
Common stocks	6,421,145	-	-	6,421,145
Mutual Funds				
Domestic	4,244,823	1,323,578	-	5,568,401
International	6,526,465	-	-	6,526,465
Commodity	565,488	-	-	565,488
Preferred stocks	172,234	-	-	172,234
REIT	1,117,272	-	-	1,117,272
Total equities	19,047,427	1,323,578	-	20,371,005
Limited partnerships	2,197,487	1,784,961	330,516	4,312,964
Fixed Income securities				
Corporate bonds	169,076	277,066	-	446,142
CMO	-	532,532	-	532,532
Mutual funds	6,043,944	2,759	-	6,046,703
U S government backed and other securities	-	1,805,897	-	1,805,897
Total fixed income securities	6,213,020	2,618,254	-	8,831,274
Total assets limited as to use	$ 27,564,647	$ 7,497,300	$ 330,516	$ 35,392,463

	Level 1	Level 2	Level 3	Total
Long-term investments				
Cash and cash equivalents				
Foreign currency	$ -	$ 4,191	$ -	$ 4,191
STIF-type instrument	-	5,321,462	-	5,321,462
Total cash and cash equivalents	-	5,325,653	-	5,325,653
Equities				
Common stocks	50,302,431	-	-	50,302,431
Mutual funds				
Domestic	52,713,154	16,821,290	-	69,534,444
International	82,343,389	-	-	82,343,389
Commodity	6,825,520	-	-	6,825,520
REIT	13,407,442	-	-	13,407,442
Total equities	205,591,936	16,821,290	-	222,413,226
Limited partnerships	24,941,660	22,684,985	4,200,514	51,827,159
Fixed income securities				
Corporate bonds	-	5,474,636	-	5,474,636
CMO	-	6,767,923	-	6,767,923
Mutual funds	76,812,185	35,065	-	76,847,250
U S government backed and other securities	-	13,563,453	-	13,563,453
Total fixed income securities	76,812,185	25,841,077	-	102,653,262
Total long-term investments	$ 307,345,781	$ 70,673,005	$ 4,200,514	382,219,300
Cost and equity investments, not considered financial instruments				3,252,287
Total long-term investments				$ 385,471,587

The following table summarizes the plan's financial assets and liabilities accounted for at fair value on a recurring basis by level within the fair value hierarchy at December 31, 2013

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents				
Cash and short term investment fund	$ -	$ 1,565,214	$ -	$ 1,565,214
Equity mutual funds				
Domestic				
Blend	24,588,838	-	-	24,588,838
Commodities broad basket	4,945,979	-	-	4,945,979
Growth	2,458,571	-	-	2,458,571
Real estate	12,705,720	-	-	12,705,720
Foreign				
Blend	10,270,955	-	-	10,270,955
Commodities broad basket	1,737,776	-	-	1,737,776
Diversified emerging mkt	8,061,667	-	-	8,061,667
Growth	102,440	-	-	102,440
Real estate	4,654,665	-	-	4,654,665
	69,526,611	-	-	69,526,611
Taxable mutual funds				
Domestic				
Bank loan	12,132,544	-	-	12,132,544
Bond	35,098,838	-	-	35,098,838
Foreign				
Bank loan	2,845,905	-	-	2,845,905
Bond	7,057,179	-	-	7,057,179
	57,134,466	-	-	57,134,466
Collective Funds				
Blend	-	38,263,500	-	38,263,500
Fixed income	-	5,960,066	-	5,960,066
	-	44,223,566	-	44,223,566
Alternative Funds				
Fund of Funds	-	-	25,000,000	25,000,000
Receivables				
Investment Income	-	1,723	-	1,723
Total assets at fair value	$ 126,661,077	$ 45,790,503	$ 25,000,000	$ 197,451,580

The following table summarizes UHS' assets accounted for at fair value on a recurring basis by level within the fair value hierarchy at December 31, 2012

Short-term investments	Level 1	Level 2	Level 3	Total
Fixed income				
U S government backed securities	$ -	$ 21,337,699	$ -	$ 21,337,699
Assets limited as to use				
Cash and cash equivalents				
Money market funds	$ -	$ 2,468,700	$ -	$ 2,468,700
Foreign currency	-	751	-	751
STIF-type instrument	-	366,965	-	366,965
Total cash and cash equivalents	-	2,836,416		2,836,416
Equities				
Common stocks	3,042,957	-	-	3,042,957
Mutual Funds				
Domestic	5,232,179	1,543,479	-	6,775,658
International	5,948,975	-	-	5,948,975
Commodity	1,347,467	-	-	1,347,467
Depository receipts	12,280	-	-	12,280
Preferred stocks	-	194,743	-	194,743
REIT	1,141,012	-	-	1,141,012
Total equities	16,724,870	1,738,222	-	18,463,092
Limited partnerships	1,423,300	-	-	1,423,300
Fixed income securities				
Corporate bonds	-	626,238	-	626,238
CMO	-	360,194	-	360,194
Mutual funds	6,671,355	3,909	-	6,675,264
U S government backed and other securities	-	1,112,187	-	1,112,187
Total fixed income securities	6,671,355	2,102,528	-	8,773,883
Total assets limited as to use	$ 24,819,525	$ 6,677,166	$ -	$ 31,496,691

Long-term investments

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents				
Foreign currency	$ -	$ 9,253	$ -	$ 9,253
STIF-type instrument	-	4,515,888	-	4,515,888
Total cash and cash equivalents	-	4,525,141	-	4,525,141
Equities				
Common stocks	25,953,623	-	-	25,953,623
Mutual funds				
Domestic	52,765,651	18,994,119	-	71,759,770
International	73,208,325	-	-	73,208,325
Commodity	16,611,896	-	-	16,611,896
Depository receipts	76,867	-	-	76,867
REIT	13,997,940	-	-	13,997,940
Total equities	182,614,302	18,994,119	-	201,608,421
Limited partnerships	14,736,907	-	-	14,736,907
Fixed income securities				
Corporate bonds	-	7,338,165	-	7,338,165
CMO	-	4,432,556	-	4,432,556
Mutual funds	81,357,776	48,100	-	81,405,876
U S government backed and other securities	-	13,686,615	-	13,686,615
Total fixed income securities	81,357,776	25,505,436	-	106,863,212
Total long-term investments	$ 278,708,985	$ 49,024,696	$ -	327,733,681
Cost and equity securities, not considered financial instruments				2,899,505
Total long-term investments				$ 330,633,186

The following table summarizes the plan's financial assets and liabilities accounted for at fair value on a recurring basis by level within the fair value hierarchy at December 31, 2012

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents				
Cash and short term investment fund	$ -	$ 269,520	$ -	$ 269,520
Equity mutual funds				
Domestic				
Blend	6,897,627	-	-	6,897,627
Commodities broad basket	6,668,799	-	-	6,668,799
Growth	12,777,329	-	-	12,777,329
Real estate	11,867,026	-	-	11,867,026
Value	12,633,008	-	-	12,633,008
Foreign				
Blend	8,935,614	-	-	8,935,614
Commodities broad basket	1,176,847	-	-	1,176,847
Diversified emerging mkt	16,584,968	-	-	16,584,968
Growth	445,920	-	-	445,920
Real estate	5,032,139	-	-	5,032,139
Value	387,033	-	-	387,033
	83,406,310	-	-	83,406,310
Taxable mutual funds				
Domestic				
Bank loan	7,273,953	-	-	7,273,953
Bond	27,302,061	-	-	27,302,061
Foreign				
Bank loan	808,217	-	-	808,217
Bond	4,012,036	-	-	4,012,036
	39,396,267	-	-	39,396,267
Collective Funds				
Value	-	6,447,617	-	6,447,617
Growth	-	8,611,758	-	8,611,758
Small blend	-	27,349,386	-	27,349,386
	-	42,408,761	-	42,408,761
Fixed income				
Common trust funds	-	4,959,054	-	4,959,054
Receivables				
Investment Income	-	37	-	37
Total assets at fair value	$ 122,802,577	$ 47,637,372	$ -	$ 170,439,949

The carrying value of cash, accounts receivable and accounts payable are reasonable estimates of their fair value due to the short-term nature of these financial instruments Fair values of UHS' revenue certificates are based on currently traded values The fair value approximated the carrying amount of long-term debt at December 31, 2013 and 2012

Level 3 financial assets have unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities Level 3 assets include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation The fair value for these investments are determined by applying UHS's ownership percentage to the net asset value of the investment fund

The table below sets forth a summary of changes in the fair value of UHS's level 3 financial assets for the year ended December 31, 2013

	Short and Long-term Investments	Assets Limited as to Use	Pension Plan Investments
Balance at December 31, 2012	$ -	$ -	$ -
Gain on market value	-	-	-
Sales	-	-	-
Purchases	4,200,514	330,516	25,000,000
Balance at December 31, 2013	$ 4,200,514	$ 330,516	$ 25,000,000

Investment securities are exposed to various risks such as interest rate, market and credit risks Due to the level of risk associated with certain investment securities, the possibility is reasonable that changes in the values of investment securities will occur in the near term and that these changes could materially affect the amounts reported in the consolidated balance sheets

UHS invests in alternative investments that are defined as venture capital, international and domestic private equity investments, and absolute return (hedge) funds Long-term investments are alternative investment funds, primarily comprised of real estate funds that require seven to ten year fund terms before the investments can be liquidated

The recorded market price for alternative investments is estimated by the individual investment manager taking into account such factors as the financial condition of each investee, economic and market conditions affecting their operations, any changes in management, the length of time since the initial investment, recent transactions involving the securities of the investee, the value of similar securities issued by companies in the same or similar businesses, and limited marketability of the portfolio

Valuations provided by the general partners and investment managers are evaluated by management through accounting and financial reporting processes to review and monitor existence and valuation assertions Due to the inherent uncertainty of valuation of the alternative investments, the fair values estimated by the individual investment manager, in the absence of readily ascertainable market values, may not necessarily represent the amounts that could be realized from sales or other dispositions of investments, and the differences may be material

Capital Commitments - UHS has future capital commitment requirements to invest additional amounts in certain level 3 investments At December 31, 2013, the outstanding commitments totaled approximately $19,925,000

Supplemental Information

Independent Auditors' Report on Supplemental Information

The Board of Trustees
University Health Services, Inc

We have audited the consolidated financial statements of University Health Services, Inc as of and for the year ended December 31, 2013, and have issued our separate report thereon dated April 28, 2014, which contained an unmodified opinion on the consolidated financial statements Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating information in the accompanying schedules is presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual affiliates 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

Dixon Hughes Goodman LLP

Atlanta, Georgia
April 28, 2014

University Health Services, Inc.

Consolidating Balance Sheet Information

December 31, 2013

	University Health Services, Inc.	University Health Care Foundation Inc.	Walton Way Indemnity, SPC	Eliminations	Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 25,751,072	$ 699,203	$ 1,026,575	$ –	$ 27,476,850
Short-term investments	–	–	17,338,179	–	17,338,179
Patient accounts receivable, net	64,366,859	–	–	–	64,366,859
Other receivables	5,672,399	637,555	6,962,962	(17,939)	13,254,977
Inventories	8,156,732	–	–	–	8,156,732
Prepaid expenses	7,485,841	19,335	83,400	–	7,588,576
Total current assets	111,432,903	1,356,093	25,411,116	(17,939)	138,182,173
Property and equipment, net	231,298,370	320,104	–	–	231,618,474
Other assets					
Amounts due from affiliates	20,432,853	–	–	–	20,432,853
Assets limited as to use	–	34,653,802	738,661	–	35,392,463
Investments	380,935,715	–	4,535,872	–	385,471,587
Other	6,854,109	124,015	–	–	6,978,124
Total assets	$ 750,953,950	$ 36,454,014	$ 30,685,649	$ (17,939)	$ 818,075,674

See accompanying Independent Auditor's Report on Supplemental Information

University Health Services, Inc.

Consolidating Balance Sheet Information (continued)

December 31, 2013

	University Health Services, Inc.	University Health Care Foundation Inc.	Walton Way Indemnity, SPC	Eliminations	Consolidated
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	$ 16,609,666	$ 41,696	$ 287,728	$ (17,939)	$ 16,921,151
Accrued compensation, benefits and withholdings	16,252,849	–	–	–	16,252,849
Other current liabilities	1,609,749	–	–	–	1,609,749
Estimated third-party payor settlements	26,012,364	–	–	–	26,012,364
Current maturities of long-term debt	11,141,587	–	–	–	11,141,587
Current portion of capital lease obligations	1,667,716	–	–	–	1,667,716
Short-term accrued postretirement cost	1,793,521	–	–	–	1,793,521
Total current liabilities	75,087,452	41,696	287,728	(17,939)	75,398,937
Long-term debt, less current maturities	191,395,967	–	–	–	191,395,967
Long-term capital lease obligations, less current portion	3,445,020	–	–	–	3,445,020
Other long-term liabilities	1,834,785	–	–	–	1,834,785
Amount due to affiliates	4,572,087	–	–	–	4,572,087
Reserve for contingent losses	98,414	325,673	18,685,600	–	19,109,687
Accrued pension cost	593,134	–	–	–	593,134
Accrued postretirement benefit cost, less short-term obligation	23,612,859	–	–	–	23,612,859
Total liabilities	300,639,718	367,369	18,973,328	(17,939)	319,962,476
Net assets					
Unrestricted	450,279,232	885,611	11,712,321	–	462,877,164
Temporarily restricted	–	15,569,964	–	–	15,569,964
Permanently restricted	35,000	19,631,070	–	–	19,666,070
Total net assets	450,314,232	36,086,645	11,712,321	–	498,113,198
Total liabilities and net assets	$ 750,953,950	$ 36,454,014	$ 30,685,649	$ (17,939)	$ 818,075,674

See accompanying Independent Auditor's Report on Supplemental Information

University Health Services, Inc.

Consolidating Statement of Operations Information

Year Ended December 31, 2013

	University Health Services, Inc.	University Health Care Foundation Inc.	Walton Way Indemnity, SPC	Eliminations	Consolidated
Unrestricted revenues and other support					
Patient service revenue (net of contractual allowances and discounts)	$ 408,702,698	$ –	$ –	$ –	$ 408,702,698
Provision for bad debts	(30,510,534)	–	–	–	(30,510,534)
Net patient service revenue less provision for bad debts	378,192,164	–	–	–	378,192,164
Other operating revenues	13,230,846	105,869	(36,928)	(1,243,278)	12,056,509
Net assets released from restriction	–	1,549,721	–	–	1,549,721
Total unrestricted revenues and other support	391,423,010	1,655,590	(36,928)	(1,243,278)	391,798,394
Operating expenses					
Salaries and benefits	169,684,438	628,351	117,792	–	170,430,581
Other operating expenses	157,463,232	2,045,957	6,728,560	(1,243,278)	164,994,471
Depreciation	33,311,710	38,274	–	–	33,349,984
Interest	8,781,279	–	–	–	8,781,279
Total operating expenses	369,240,659	2,712,582	6,846,352	(1,243,278)	377,556,315
Income (loss) from operations	22,182,351	(1,056,992)	(6,883,280)	–	14,242,079
Nonoperating gains (losses)					
Investment income (losses)	41,232,095	–	(597,230)	–	40,634,865
Excess (deficiency) of revenues, other support, and gains over expenses and losses	63,414,446	(1,056,992)	(7,480,510)	–	54,876,944
Unfunded pension and postretirement gains	44,196,042	–	–	–	44,196,042
Other	279,390	–	–	–	279,390
Transfer (to) from affiliates	(63,205,409)	715,410	–	–	(62,489,999)
Transfer from temporarily restricted net assets	–	696,600	–	–	696,600
Increase (decrease) in unrestricted net assets	$ 44,684,469	$ 355,018	$ (7,480,510)	$ –	$ 37,558,977

See accompanying Independent Auditor's Report on Supplemental Information

University Health Services, Inc.

Consolidating Statement of Changes in Net Assets Information

Year Ended December 31, 2013

	University Health Services, Inc.	University Health Care Foundation Inc.	Walton Way Indemnity, SPC	Eliminations	Consolidated
Unrestricted net assets					
Excess (deficiency) of revenues, other support, and gains over expenses and losses	$ 63,414,446	$ (1,056,992)	$ (7,480,510)	$ –	$ 54,876,944
Change in unfunded pension and postretirement gains	44,196,042	–	–	–	44,196,042
Other	279,390	–	–	–	279,390
Transfer (to) from affiliates	(63,205,409)	715,410	–	–	(62,489,999)
Transfer from temporarily restricted net assets	–	696,600	–	–	696,600
Increase (decrease) in unrestricted net assets	44,684,469	355,018	(7,480,510)	–	37,558,977
Temporarily restricted net assets					
Contributions and other	–	1,306,400	–	–	1,306,400
Investment gains	–	4,276,060	–	–	4,276,060
Net assets released from restriction	–	(1,549,721)	–	–	(1,549,721)
Transfer from unrestricted/restricted net assets	–	(767,199)	–	–	(767,199)
Increase in temporarily restricted net assets	–	3,265,540	–	–	3,265,540
Permanently restricted net assets					
Contributions and other	–	262,292	–	–	262,292
Transfer from temporarily restricted net assets	–	70,599	–	–	70,599
Increase in permanently restricted assets	–	332,891	–	–	332,891
Increase (decrease) in net assets	44,684,469	3,953,449	(7,480,510)	–	41,157,408
Net assets, beginning of year	405,629,763	32,133,196	19,192,831	–	456,955,790
Net assets, end of year	$ 450,314,232	$ 36,086,645	$ 11,712,321	$ –	$ 498,113,198

See accompanying Independent Auditor's Report on Supplemental Information

2013

COMMUNITY HEALTH NEEDS ASSESSMENT

UNIVERSITY
HEALTH CARE SYSTEM

As part of the Affordable Care Act, all not-for-profit hospitals must conduct a Community Health Needs Assessment every three years to identify their communities' health care needs and plan for how they will address those needs.

University's 2013 Community Health Needs Assessment was created with the help of a number of people and organizations that researched community demographics, socio-economic factors and health service utilization trends. Using the CHNA process outlined in this report, along with resources such as the Richmond County Health Department and Healthy Communities Institute, University was able to narrow its assessment scope to the following health issues: Chronic Disease Prevalence (Diabetes, Heart Failure, etc.); Obesity and Nutrition; Access to Care; and Prevention and Screenings. This report offers suggestions for how we might collaborate with local organizations and agencies to improve our community's health and illustrates how University is meeting its obligation to deliver efficient health care services.

We do not have adequate resources to solve all the problems identified during this assessment process. Some issues are beyond the mission of University Hospital and require action from other people or organizations. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing identified needs.

University Hospital will use this assessment as a guide for strengthening, creating and/or implementing programs that address the identified health needs of our community.

University Health Care System's Mission and Vision

Our Mission

The mission of University Health Care System is to provide health care services which help the citizens of our communities achieve and maintain optimal health.

Our Vision

The vision of University Health Care System is to set the standard for quality as a comprehensive health care network. We will achieve improved health status, exceptional clinical outcomes, customer satisfaction and value. In partnership with our medical staff, employees, volunteers, patients and other community providers, we will build a continuum of care which includes health promotion, illness prevention, and primary, tertiary and after-care services.

Our Commitments

The employees, management and medical staff of University Health Care System share a deep commitment to the health of the citizens of our communities. We are guided by the following commitments:

Quality Service
We will serve others as we, ourselves, would wish to be served. Everyone who comes in contact with our organization -- patients, employees, physicians, visitors, suppliers and payers -- will be treated with consideration, dignity, kindness and respect. We will provide technical excellence coupled with compassion. We will strive to meet and exceed what is expected of us.

Teamwork
We will work as a team in a culture that nurtures and encourages innovation and self-esteem. We will communicate with each other and share our concerns with open, helpful, honest, solution-focused discussions. We will anticipate change and cultivate creative problem solving. We will challenge established routines to find better ways to get the job done.

Professionalism
We will conduct ourselves with the highest ethical standards and integrity. Our professionalism will be reflected in our actions and appearance.

Financial Stewardship
We will use resources wisely, completing tasks without waste or excess. We will charge fair prices, deliver good value and achieve a reasonable margin of return to further our mission.

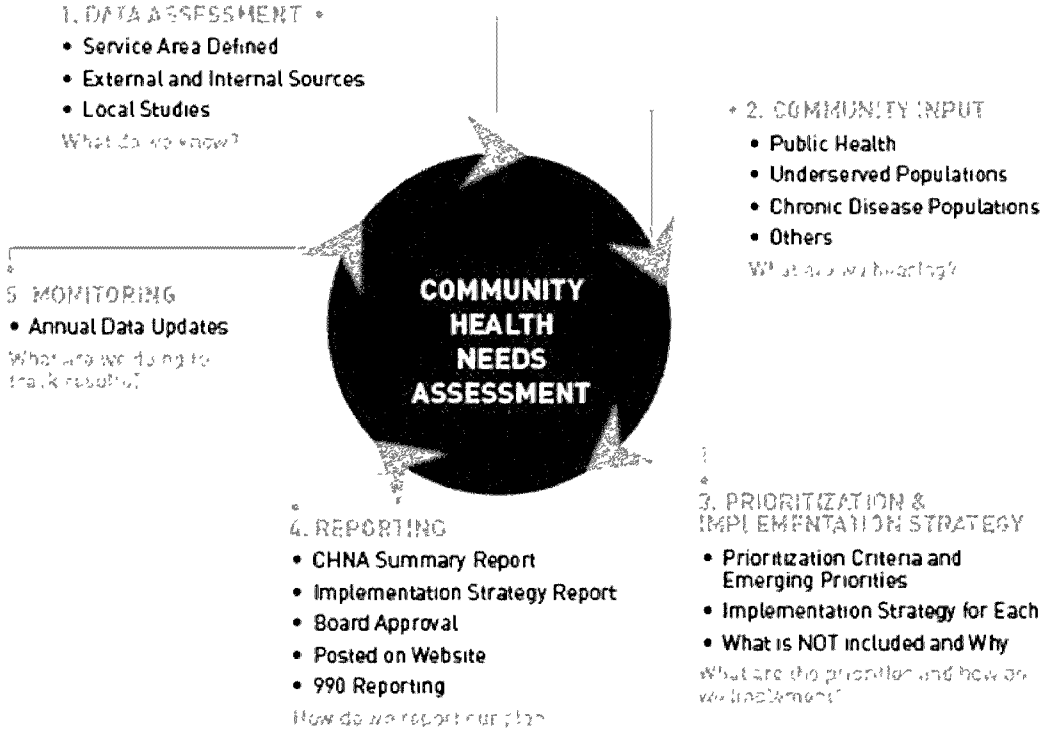
Community
We will make our community a healthier place to live and reach out to embrace a larger community. Through collaboration with providers and in cooperation with government and business, University will set the standard for quality as the comprehensive health care network.

Process and Methodology

University Hospital identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the hospital's Community Needs Assessment Team along with secondary and primary data input using the expertise of local partners and community health agencies. The team used several sources of quantitative health, as well as social and demographic data specific to the service area of University Hospital. UH took advantage of this opportunity to collaborate with its administrators, physicians, public health agencies and local organizations in identifying and addressing the needs of the community.

As allowed by IRS guidelines, University Hospital sought outside assistance from the Dixon Hughes Goodman CHNA team in this process. DHG Healthcare facilitated priority sessions and supported the report drafting process.

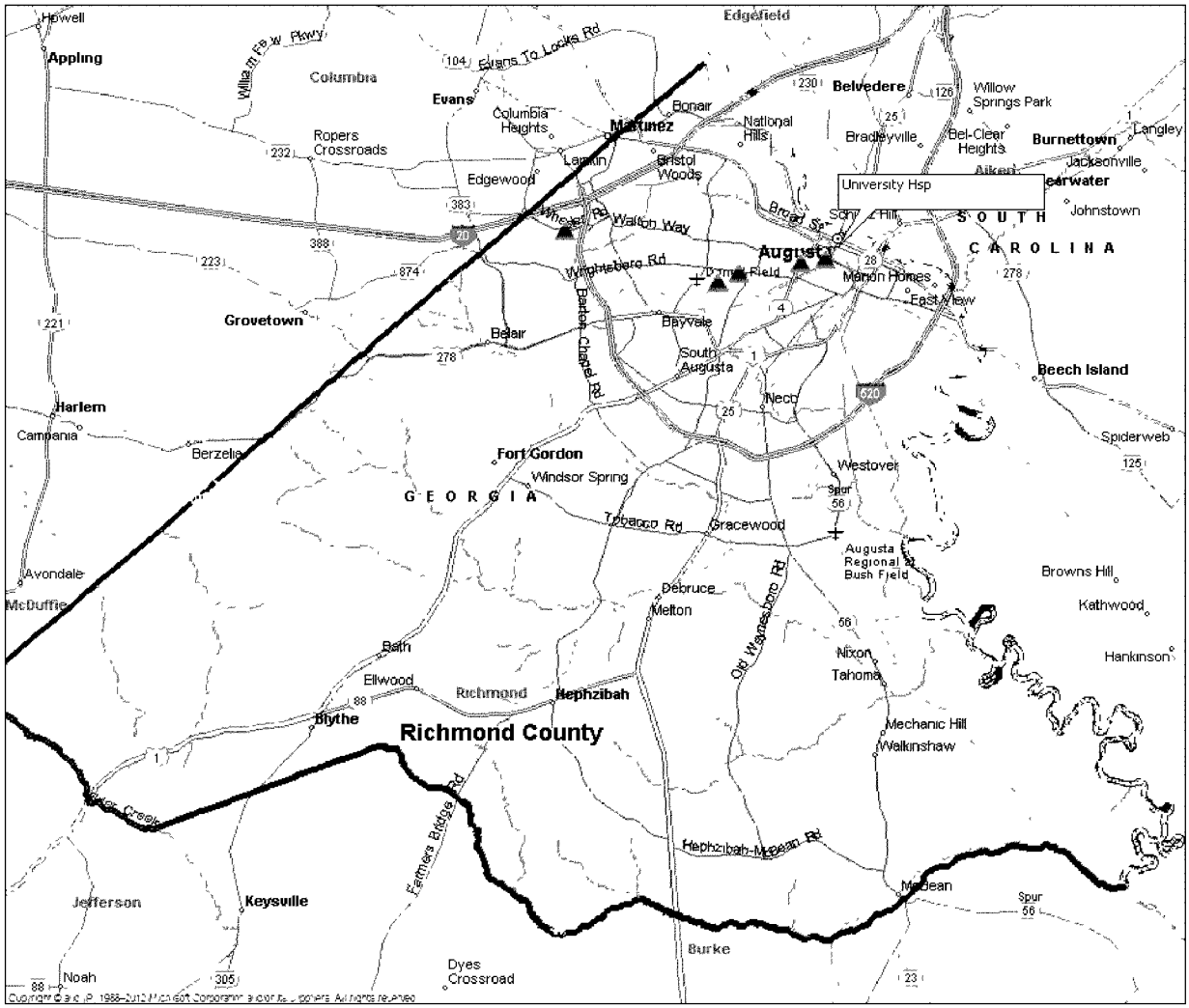
The assessment process consists of five steps pictured below:



Community Served

University Hospital has a long tradition of service with roots that go deep into the community. The oldest hospital in the Augusta area and the second oldest in the state of Georgia, University's volunteer trustees and medical staff have never lost sight of the founders' original mission of improving the delivery of healthcare to the people of the community.

University Hospital's service area is defined as Richmond County for this assessment. Using a county definition as the service area is crucial for analysis as many secondary data sources are county specific and serve as a comparison tool to other counties, the state of Georgia and the United States. Also, many of our community input sources consider Richmond County their primary service area. These include public health officials, as well as many different community advocacy groups with whom University Hospital has relationships.



Data Assessment - Secondary Data

In order to present the data in a way that would tell a story of the community and also identify needs, the framework of Healthy People 2020 was selected to guide secondary data gathering and also community input. This framework was selected based on its national recognition as well as its mission listed below:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Within this framework, 12 Topics were chosen as "Leading Health Indicators." These topics guide discussion and research related to this CHNA.

Sources used in the data assessment process

University Hospital utilized the expertise of Healthy Communities Institute to provide a community dashboard of Richmond County. This tool is housed on the University Health System website and provides numerous health indicators and demographic data. In addition, there are also analysis tools, such as the Healthy People 2020 Tracker to compare Richmond County to other counties in Georgia and the United States. This tool is also used to compare county scores against Healthy People 2020 targets or benchmarks.

Nielsen Claritas: Nielsen Claritas demographics were used to create maps and tables of total population and breakdowns of certain other population segments. This information was pulled for Richmond County and the state of Georgia, and 2013 and 2018 demographics were included. Nielsen Claritas also provided certain education and income level data used in the social determinants section.

2013 County Health Rankings: This source is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It gives a general snapshot of how healthy each county is in relation to others in the same state. It measures and ranks both health outcomes and health factors that lead to those outcomes. Each indicator is weighed, standardized and ranked in order to come up with an overall health ranking for each Georgia county. Ranking areas included:

Health Outcomes: Mortality and Morbidity

Health Factors: Tobacco Use, Diet and Exercise, Alcohol Use, Sexual Activity, Access to Care, Quality of Care, Education, Income, Family and Social Support, Community Safety

Other sources used in Healthy Community Institute's dashboard include the National Cancer Institute, Environmental Protection Agency, US Census Bureau and the US Department of Education.

Data Assessment Highlights and Findings

The data assessment piece of the CHNA process included health indicators from various sources widely available. These data elements identified at-risk populations, underserved populations, health need areas and possible areas of improvement. A summary of findings was created to highlight areas of need within the service area. Many of these indicators were pulled from a community dashboard found on the University Hospital website. As mentioned in the sources above, this dashboard is powered by Healthy Communities and is continuously updated as new data is available.

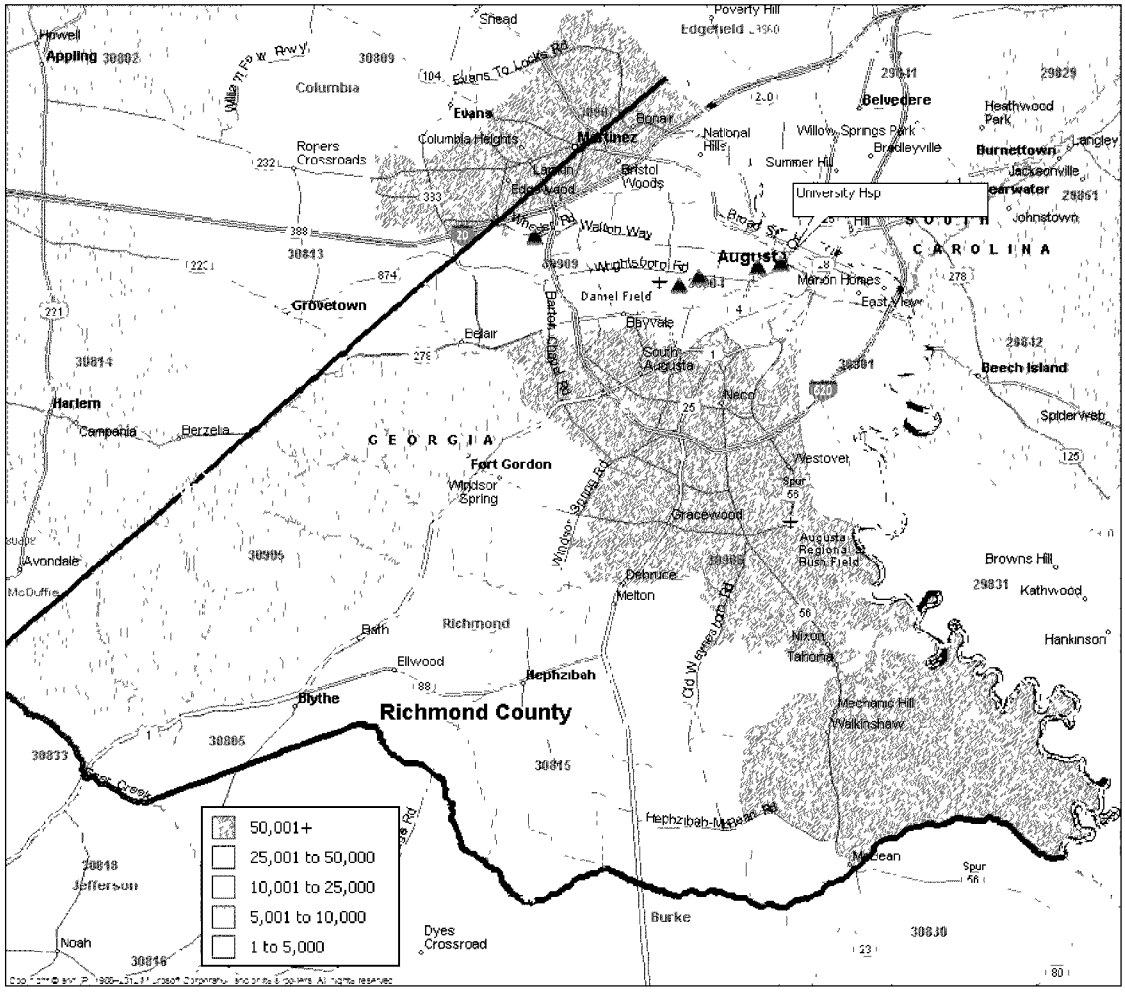
Demographics: Nielsen Claritas demographics were used to create maps and tables of total population and breakdown other population segments. This information was pulled for Richmond County and the state of Georgia, and 2013 and 2018 demographics were included. Below is a snapshot of the county population showing growth in all age groups over the next five years.

	Pop 2013	Pop 2018	% Growth Total Pop 2013-2018	Net Growth Total Pop 2013-2018
Age 00-04	15,046	15,634	3 91%	588
Age 05-09	13,919	14,677	5 45%	758
Age 10-14	12,888	13,738	6 60%	850
Age 15-17	7,890	7,670	-2 79%	-220
Age 18-44	78,431	78,539	0 14%	108
Age 45-54	25,532	22,811	-10 66%	-2,721
Age 55-64	23,683	24,722	4 39%	1,039
Age 65-74	14,158	17,057	20 48%	2,899
Age 75-84	7,493	8,133	8 54%	640
Age 85+	2,882	3,232	12 14%	350
Total	201,922	206,213	2 13%	4,291

Additionally, many races will see their population grow over the next five years in Richmond County.

	Total Population	White	African American	American Indian	Asian	Pacific Islander	Other	Two or more races
Population 2013	201,922	77,438	111,393	717	3,417	442	2,837	5,678
Population 2018	206,213	74,734	117,056	778	3,544	511	3,144	6,446
Net Growth 2013-2018	4,291	-2,704	5,663	61	127	69	307	768
% Growth 2013-2018	2 13%	-3 49%	5 08%	8 51%	3 72%	15 61%	10 82%	13 53%
Population Under 65 2013	177,389	63,671	101,531	662	3,012	420	2,717	5,376
Population Under 65 2018	177,791	59,854	104,803	682	3,042	475	2,946	5,989
Net Growth Under 65 2013-2018	402	-3,817	3,272	20	30	55	229	613
% Growth Under 65 2013-2018	0 23%	-5 99%	3 22%	3 02%	1 00%	13 10%	8 43%	11 40%
Population 65+ 2013	24,533	13,767	9,862	55	405	22	120	302
Population 65+ 2018	28,422	14,880	12,253	96	502	36	198	457
Net Growth 65+ 2013-2018	3,889	1,113	2,391	41	97	14	78	155
% Growth 65+ 2013-2018	15 85%	8 08%	24 24%	74 55%	23 95%	63 64%	65 00%	51 32%

2013 Population Map

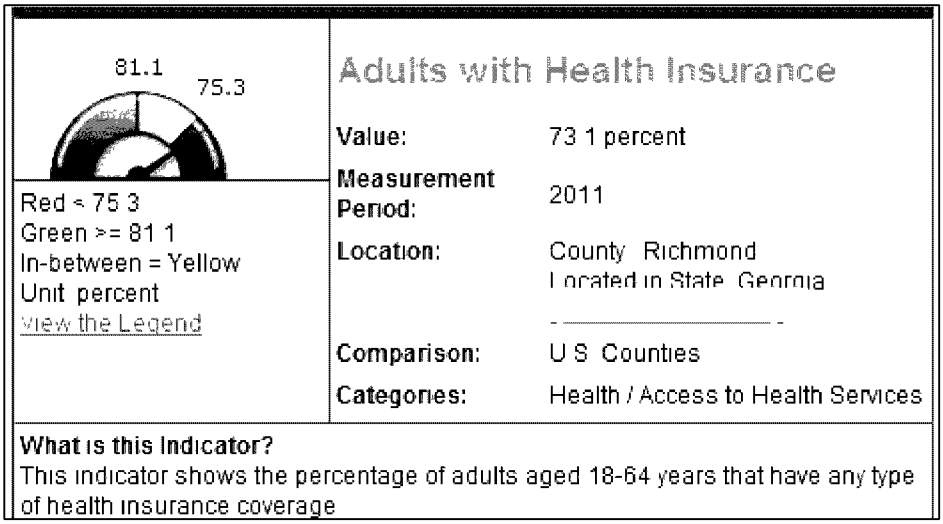


Nielsen Claritas also provides information on income and education. Below is a summary of this information for Richmond County compared to the state of Georgia and the United States.

	Average Median HH Income 2013	% Families Below Poverty 2013	% Adults (25+) with < 9th Grade Education 2013	% Adults (25+) with Some High School Education-No Diploma 2013
Richmond County - GA	$38,902	19 99%	5 68%	10 45%
State of GA	$45,069	13 12%	5 92%	9 92%
USA	$49,297	10 89%	6 18%	8 41%

Access to Health Services

Healthy People 2020 Overview: "A person's ability to access health services has a profound effect on every aspect of his or her health, yet at the start of the decade, almost 1 in 4 Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses."



Why this is important: Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums

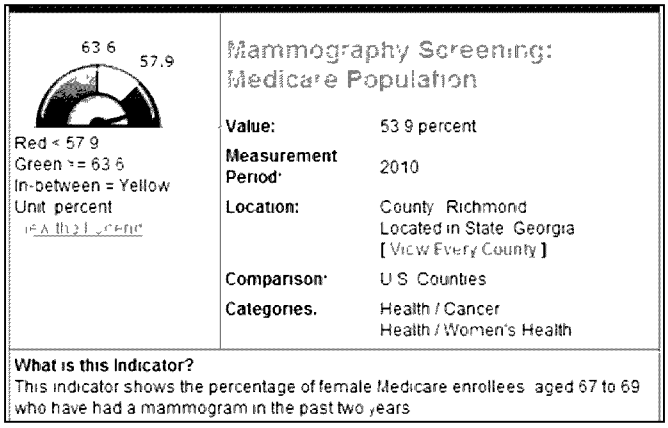
The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100 percent.

Source American Community Survey

Clinical Preventive Services

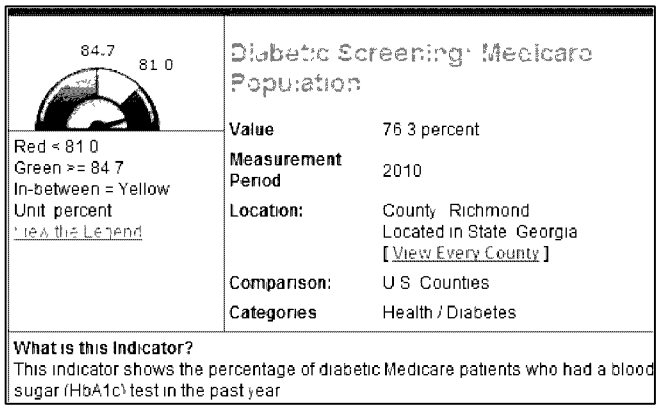
Healthy People 2020 Overview: "Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the nation's health. These services both prevent and detect illnesses and diseases — from flu to cancer — in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs. Yet, despite the fact that these services are covered by Medicare, Medicaid, and many private insurance plans under the Affordable Care Act, millions of children, adolescents and adults go without clinical preventive services that could protect them from developing a number of serious diseases or help them treat certain health conditions before they worsen."

Below are indicators of possible concern relating to screenings or diseases detected from preventive screenings.



Why this is important: A mammogram is an X-ray of the breast that can be used to detect changes in the breast such as tumors and calcifications. The test may be done for screening or for diagnostic purposes. A positive screening mammogram leads to further testing to determine if cancer is present. Mammograms may also be used to evaluate known cases of breast cancer. Although mammograms do not detect all cases of breast cancer, they have been shown to increase early detection, thus reducing mortality. Centers for Disease Control and Prevention provides low-income, uninsured and underserved women access to free or low-cost mammograms through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

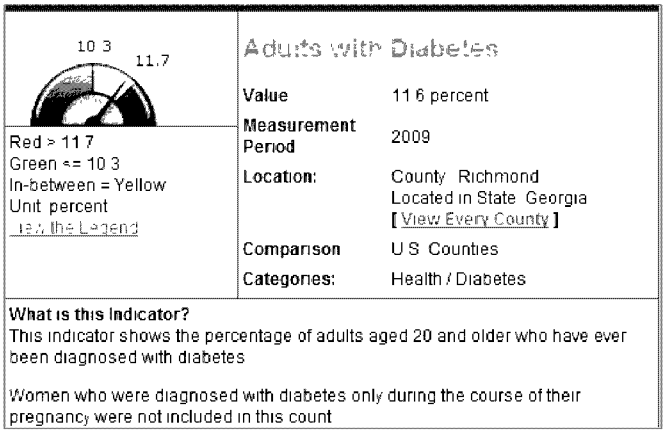
Source: County Health Rankings



Why this is important: Regular HbA1c screening among diabetics helps assess whether or not the patient is properly managing their disease and is considered the standard of care. In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7 8 percent of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U S population becomes older.

Diabetes can have a harmful effect on most of the organ systems in the human body, it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to total $116 billion.

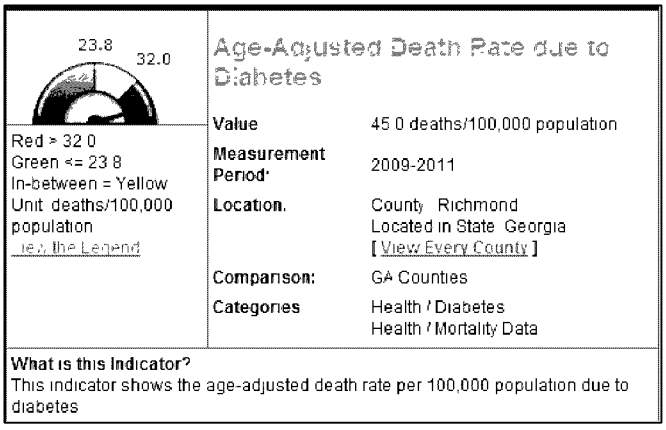
Source: County Health Rankings



2007 was estimated to be $116 billion

Why this is important: In 2007, diabetes was the seventh leading cause of death in the United States In 2010, an estimated 25 8 million people or 8 3% of the population had diabetes Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U S population becomes older Diabetes can have a harmful effect on most of the organ systems in the human body, it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke In economic terms, the direct medical expenditure attributable to diabetes in

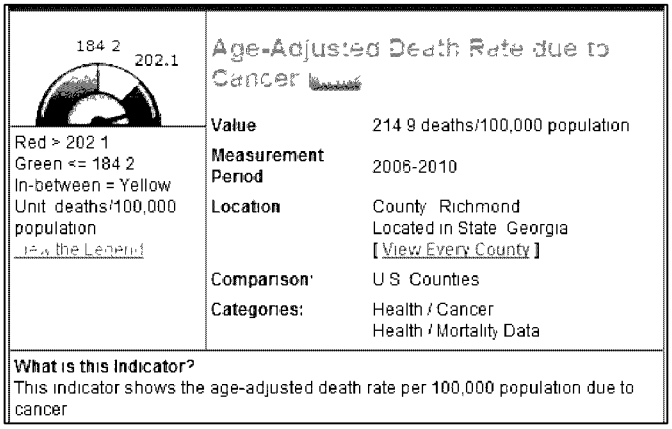
Source County Health Rankings



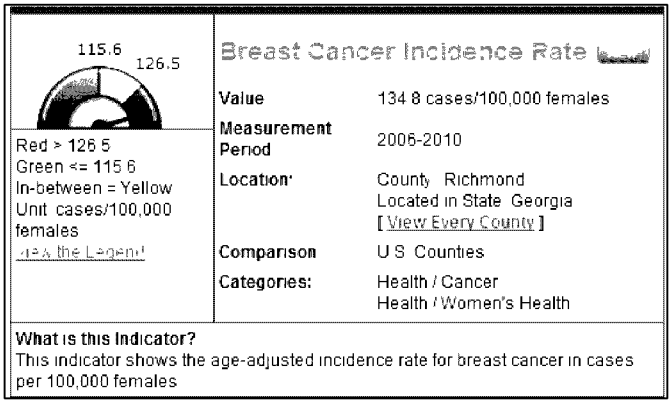
Why this is important: Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23 6 million people or 7 8% of the population had diabetes The prevalence of diagnosed type 2 diabetes increased six fold in the latter half of the last century Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase Age, race, and ethnicity are also important risk factors

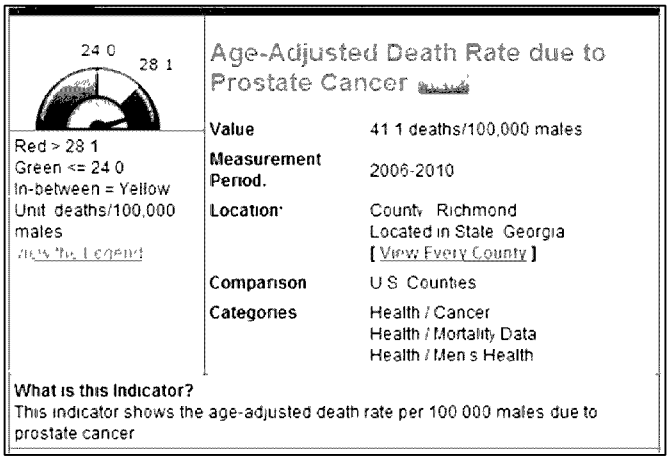
Source Georgia Department of Public Health OASIS

Why this is important: Cancer is the second leading cause of death in the United States The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues There are over 100 different types of cancer According to the NCI, lung, colon and rectal, breast, pancreatic and prostate cancer lead to the greatest number of annual deaths



The Healthy People 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population.

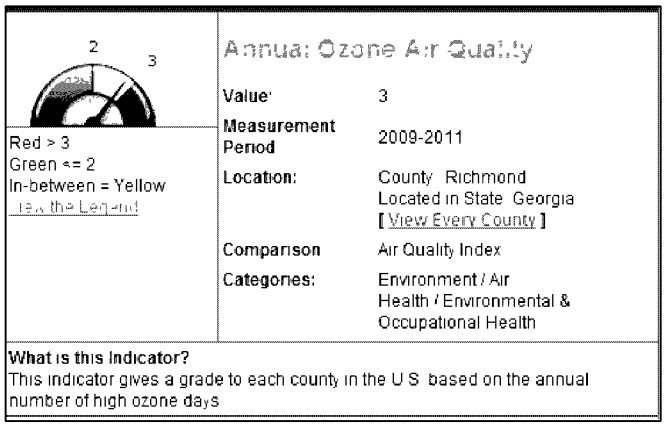




Source National Cancer Institute

Environmental Quality

Healthy People 2020 Overview: "Poor environmental quality has its greatest impact on people whose health status is already at risk. For example, nearly 1 in 10 children and 1 in 12 adults in the United States have asthma, which is caused, triggered and exacerbated by environmental factors such as air pollution and secondhand smoke."

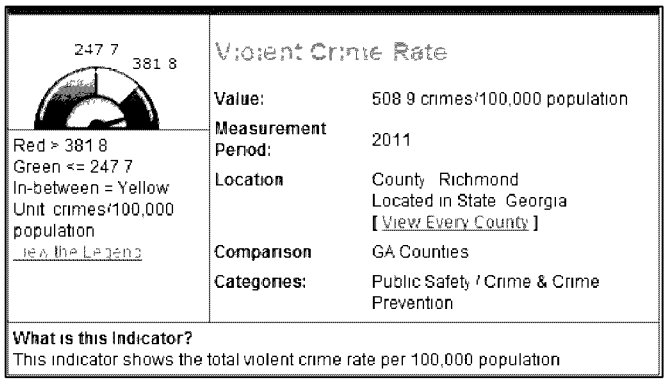


Why this is important: Ozone is an extremely reactive gas composed of three oxygen atoms It is the primary ingredient of smog air pollution and very harmful to breathe Ozone essentially attacks lung tissue by reacting chemically with it It also damages crops, trees and other matter – even breaking down rubber compounds

Source American Lung Association

Injury and Violence

Healthy People 2020 Overview: "Motor vehicle crashes, homicide, domestic and school violence, child abuse and neglect, suicide and unintentional drug overdoses are important public health concerns in the United States. In addition to their immediate health impact, the effects of injuries and violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional and social consequences."

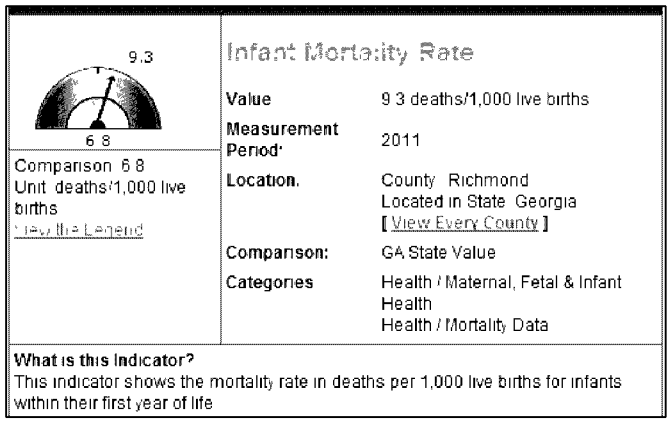


Why this is important: A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim Violent crimes include homicide, assault, rape and robbery Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services In the United States in 2009, an estimated 1,318,398 violent crimes occurred This equates to an estimated 429 4 violent crimes per 100,000 population nationwide

Source Georgia Statistics System

Maternal, Infant, Child Health

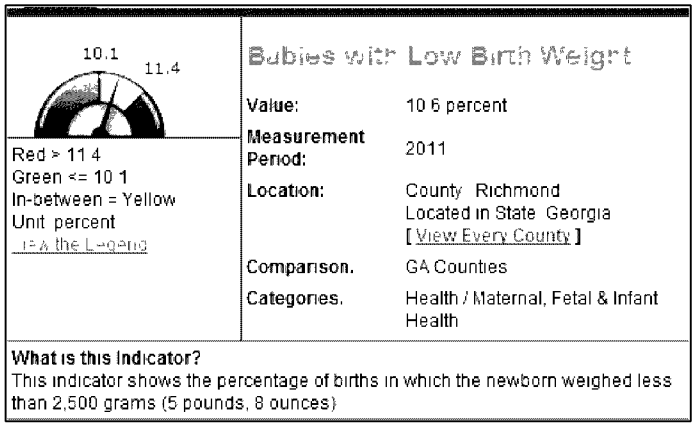
Healthy People 2020 Overview: "The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. "



Why this is important: Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy

The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.

Source GA Dept of Public Health OASIS



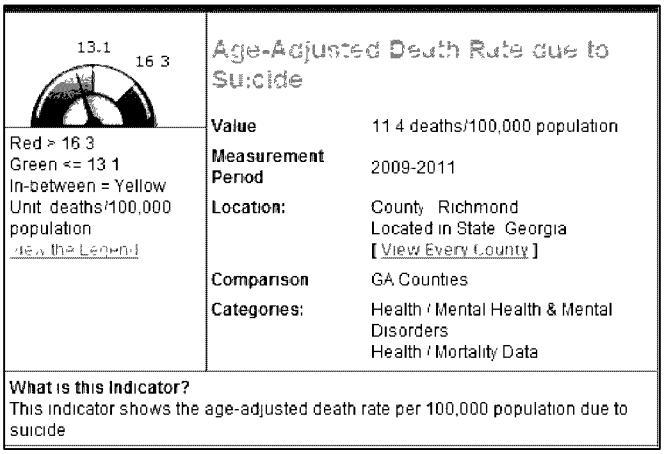
Why this is important: Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit Low birth weight is often associated with premature birth While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care

The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8 percent.

Source GA Dept of Public Health OASIS

Mental Health

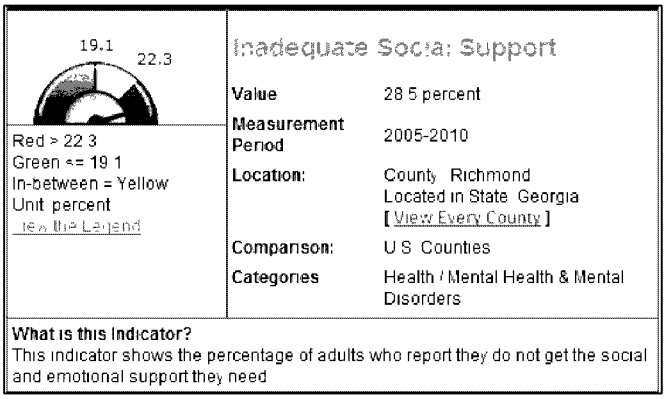
Healthy People 2020 Overview: "Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide."



Why this is important: Suicide is a major, preventable public health problem. In 2007, suicide was the 11th leading cause of death in the United States. Based on 2007 age-adjusted death rates, men were nearly four times more likely to die of suicide than females, and white individuals were over two times more likely to die of suicide than black or Hispanic individuals. Older Americans are disproportionately likely to die by suicide. An estimated eight to 25 attempted suicides occur for every suicide death.

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population.

Source: Georgia Dept. of Public Health OASIS

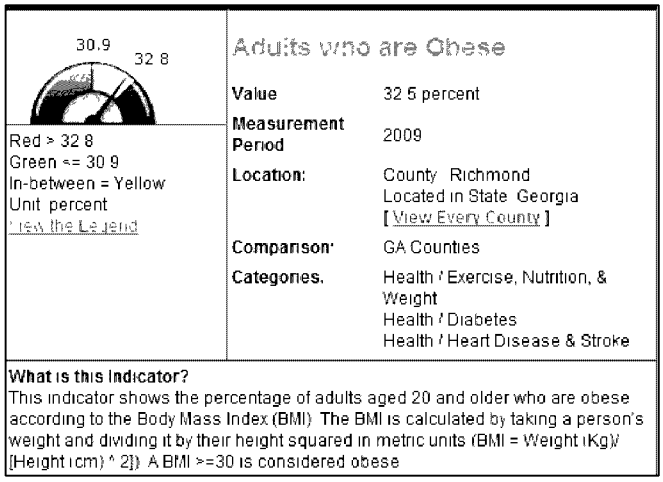


Why this is important: Social and emotional support refers to the subjective sensation of feeling loved and cared for by those around us. Research has shown that individuals with social and emotional support experience better health outcomes compared to individuals who lack such support. For example, when individuals are exposed to stress, emotional support has been shown to decrease stress hormones and reduce blood pressure. In addition, it has been shown that social and emotional support have beneficial effects on recovery time post cardiac surgery, coping with cancer pain and overall longevity.

Source: County Health Rankings

Nutritional, Physical Activity and Obesity

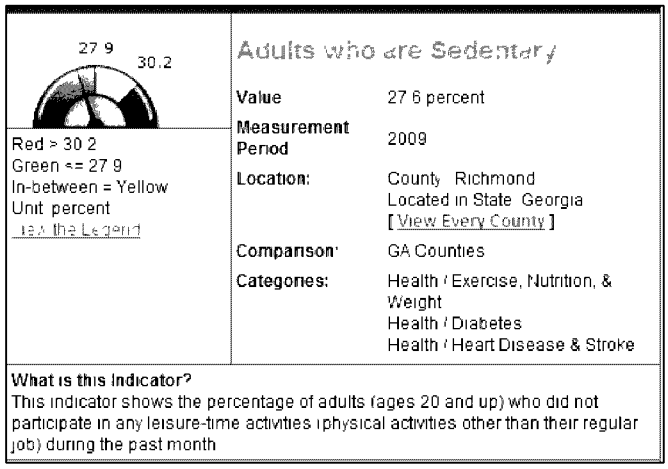
Healthy People 2020 Overview: "Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time. "



Why this is important: The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.6 percent.

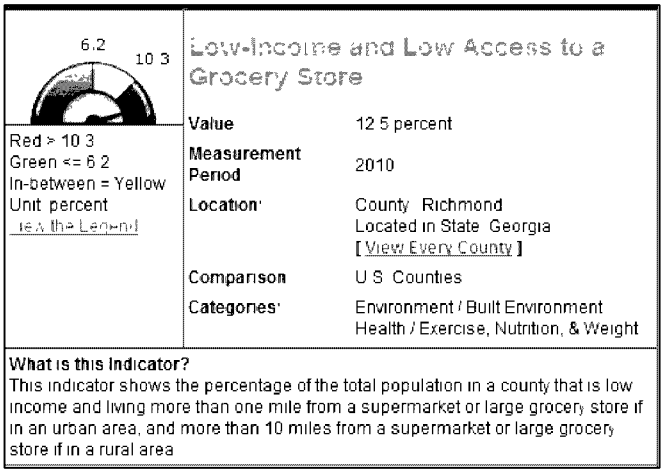
Source: County Health Rankings



Why this is important: Adults who are sedentary are at an increased risk of many serious health conditions. These conditions include obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. The ACSM also recommends that you include strength and flexibility training in your exercise program. If you are not currently exercising, please consult your physician before beginning any exercise program.

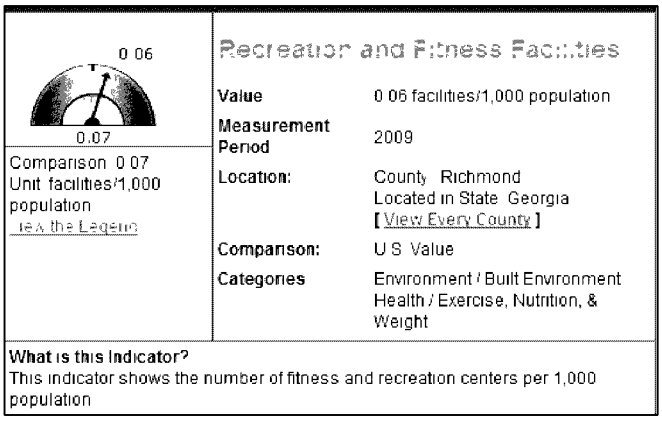
The Healthy People 2020 national health target is to reduce the percentage of adults (ages 18 and up) who do not engage in any leisure-time physical activity to 32.6 percent.

Source: County Health Rankings



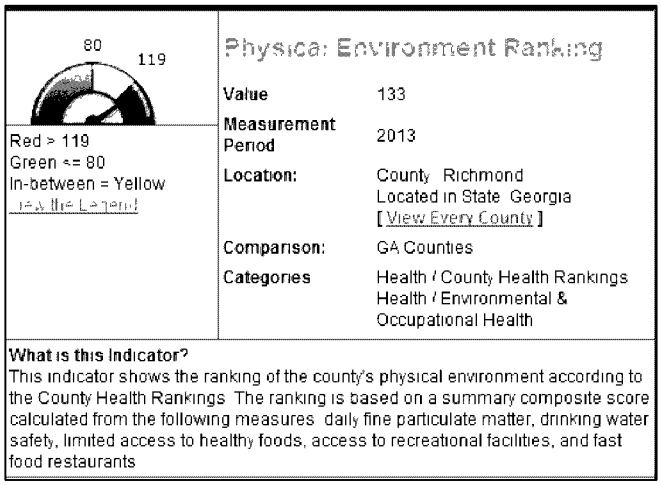
Why this is important: The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity Low-income and under-served areas often have limited numbers of stores that sell healthy foods People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets

Source USDA Food Environment Atlas



Why this is important: People engaging in an active lifestyle have a reduced risk of many serious health conditions including obesity, heart disease, diabetes, and high blood pressure In addition, physical activity improves mood and promotes healthy sleep patterns The American College of Sports Medicine recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition People are more likely to engage in physical activity if their community has facilities which support recreational activities, sports and fitness

Source USDA Food Environment Atlas

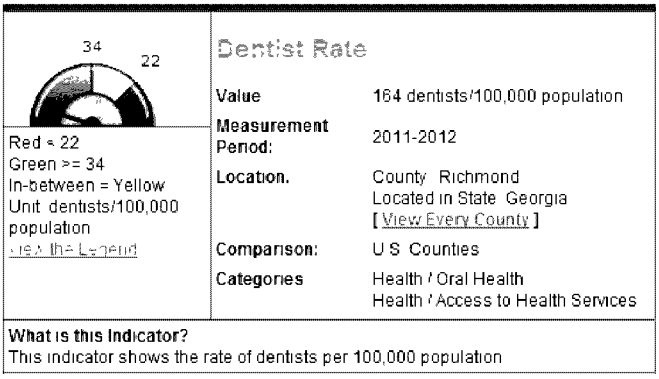


Why this is important: The physical environment includes all of the parts of where we live and work (e g , homes, buildings, streets, and parks) The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits These habits contribute to obesity, cardiovascular disease, and diabetes Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and farmer's markets, recreation facilities, and the presence of a clean and safe physical environment

The distribution is based on data from 159 Georgia Counties (133 of 159) Source County Health Rankings

Oral Health

Healthy People 2020 Overview: "Oral diseases ranging from dental caries (cavities) to oral cancers cause pain and disability for millions of Americans. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease and stroke. "

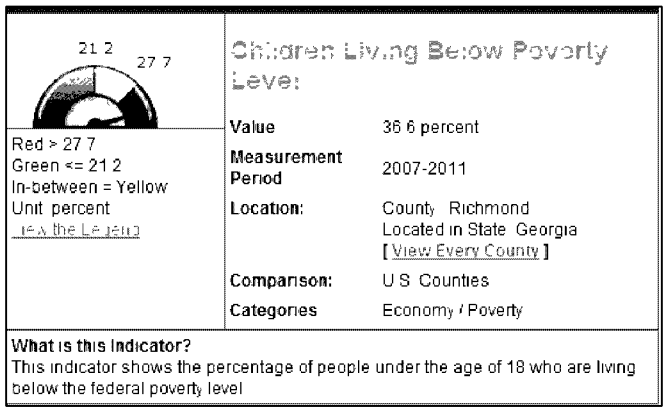


Why this is important: Oral health has been shown to impact overall health and well-being. Nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults ages 35 to 44 years old has periodontal (gum) disease. Tooth decay is the most prevalent chronic infectious disease affecting children in the U.S., and impacts more than a quarter of children ages 2 to 5 and more than half of children ages 12 to 15. Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. People living in areas with low rates of dentists may have difficulty accessing the dental care they need.

Source: County Health Rankings

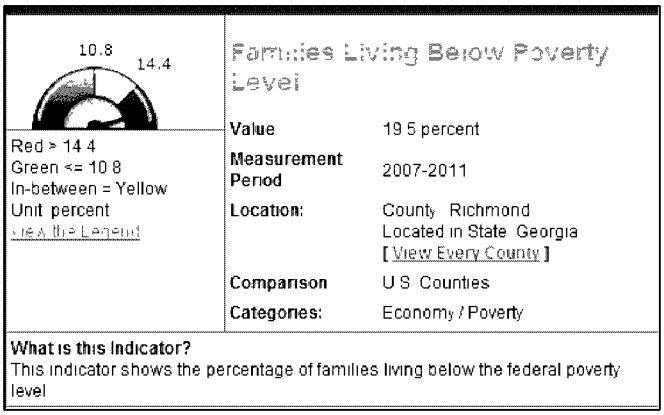
Social Determinants

Healthy People 2020 Overview: "A range of personal, social, economic, and environmental factors contribute to individual and population health. For example, people with a quality education, stable employment, safe homes and neighborhoods, and access to preventive services tend to be healthier throughout their lives. Conversely, poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.



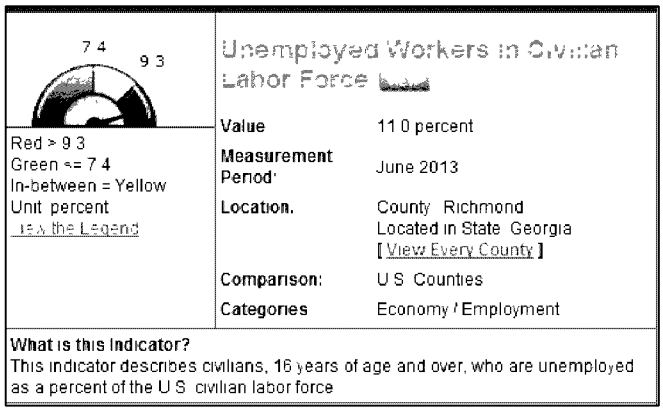
Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Source: American Community Survey



Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Source: American Community Survey

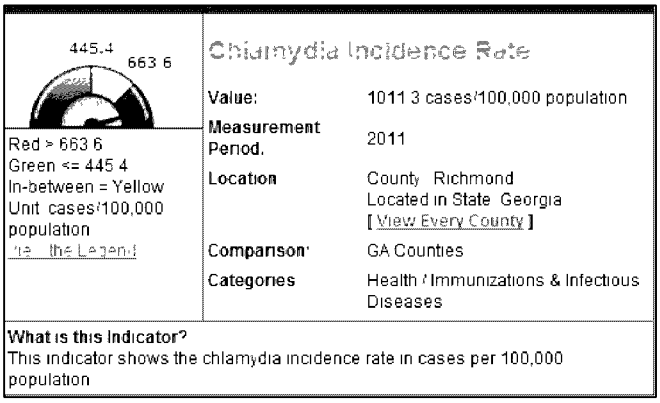


Why this is important: The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough and/or appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

Source: U.S. Bureau of Labor Statistics

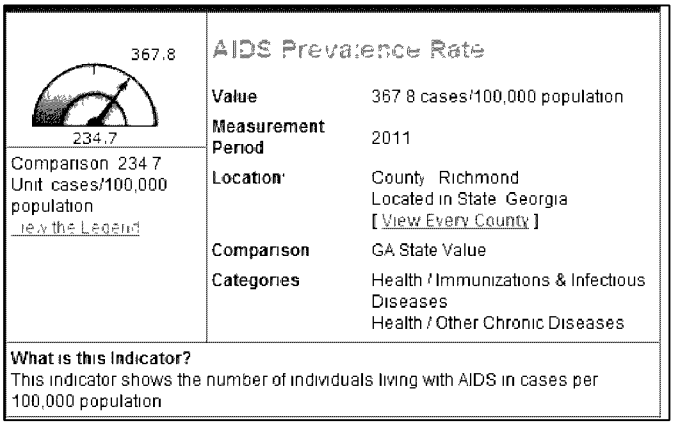
Sexual/Reproductive Health

Healthy People 2020 Overview: "An estimated 19 million new cases of sexually transmitted diseases (STDs) are diagnosed each year in the United States—almost half of them among young people age 15 to 24. An estimated 1.1 million Americans are living with the human immunodeficiency virus (HIV), and 1 out of 5 people with HIV do not know they have it. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women, including reproductive health problems and infertility, fetal and perinatal health problems, cancer and further sexual transmission of HIV."



Why this is important: Chlamydia, the most frequently reported bacterial sexually transmitted disease (STD) in the United States, is caused by the bacterium, Chlamydia trachomatis. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

Source: Georgia Dept. of Public Health OASIS

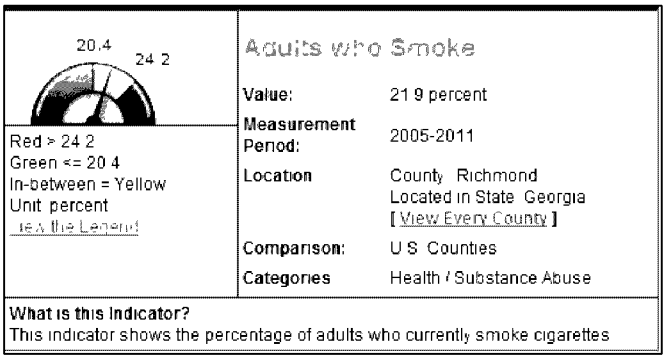


Why this is important: AIDS cases provide a valuable measure of the impact of the disease in various areas and populations. In the mid-to-late 1990s, advances in HIV treatments led to dramatic declines in AIDS deaths and slowed the progression from HIV infection to AIDS. Better treatments have also led to an increase in the number of persons who are living with AIDS.

Source: Georgia Statistics System

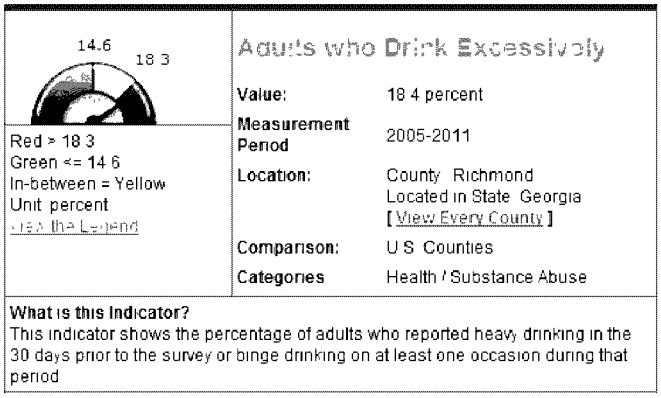
Substance Abuse/Tobacco

Healthy People 2020 Overview: "Substance abuse – involving drugs, alcohol, or both – is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime."



Why this is important: Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma

Source: County Health Rankings



Why this is important: Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision-making, which may in turn lead to harmful behaviors. According to the CDC, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 5 drinks during a single occasion for men or more than four drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes, and other interpersonal issues

Source: County Health Rankings

Please visit http://www.universityhealth.org/body.cfm?id=39539&hcn=CommunityDashboard to view all health indicators included in our Community Dashboard powered by Healthy Communities Institute

Next Steps

Data collected in this phase will be overlaid with community input findings to prioritize needs of the community and ultimately lead to strategies on many of the issues identified above.

Community Input Findings – Primary Data

In addition to the secondary data assessment, the Community Needs Assessment Team with the assistance of Georgia Health Sciences University students, entered into dialogue with key hospital administrators, physicians, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team conducted interviews, facilitated discussions, and held focus groups in which respondents were able to comment and discuss general community health issues of their specific service area. Through these numerous interviews and discussions, a summary of community input was created. This summary would eventually be used to help focus in on priorities and ultimately, implementation strategies.

The list below includes respondents who participated in this phase. They included experts in the field of public health, hospital administration members, community outreach groups, and other local organizations. All input was collected over a period starting in late 2012 and ending in April 2013. A summary priority session was then held in August of 2013. Respondents included:

- Marilyn Bowcutt, RN, MSN, FAAN Executive Vice President/COO -- University Health Care System, President – University Hospital
- William P. Kanto, Jr., MD, Senior Vice President for Medical Affairs, CMO – Georgia Health Sciences Medical Center
- Sarah "Teri" Perry, MSN, RN, Interim CNO -- Georgia Health Sciences Medical Center
- Vikki Pruitt, Deputy Director -- Augusta Partnership for Children, Inc.
- L. Monique Hillman, Health and Wellness Coordinator -- CSRA Regional Commission Augusta Area on Aging
- Dr. Beulah Nash-Teachey, President -- Concerned National Black Nurses of the Central Savannah River
- Janice Sherman, Executive Director -- Belle Terrace Health and Wellness Center
- Susan Dillard, Nurse Supervisor -- Richmond County School System
- Health District RNs (14 people) East Central Health District

Respondents were asked the following questions and were encouraged to elaborate on any topics that were of significance to their services, service area, or target populations.

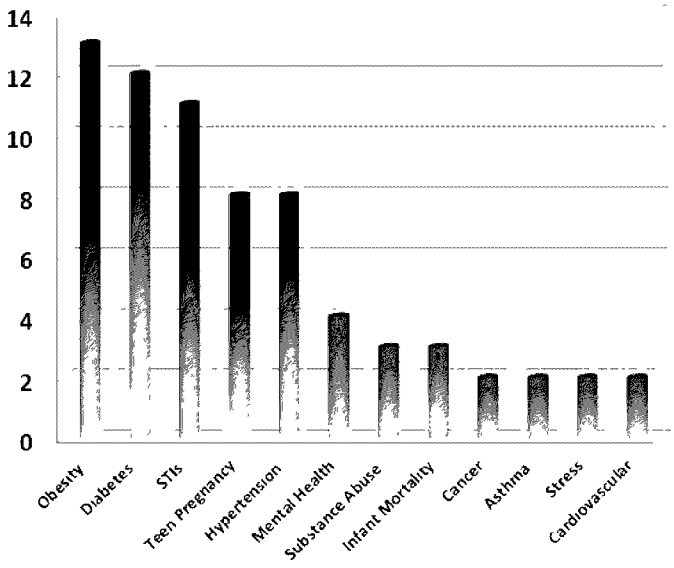
- What are the five most important health issues facing our Augusta Community?
- What are the five most important health needs facing our Augusta Community?
- What suggestions do you have for addressing each of these issues and needs identified?
- What community partnerships could be a resource for addressing each of the issues and needs identified?
- Are resources available to address the issues and the needs identified?

A summary of the interview and discussion responses can be found below:

Health & Social Services Community Voices: Priority Health Problems

Top 5 Health Illnesses

- Obesity
- Diabetes
- Sexually Transmitted Infections (STI)
- Teen Pregnancy
- Hypertension

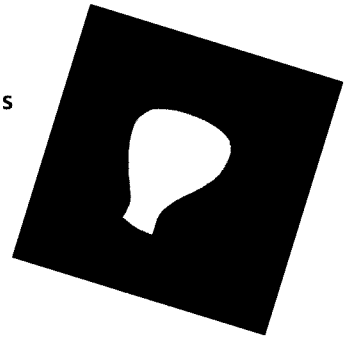


Health & Social Service Community Voices: Priority Needs – Factors that influence overall health

Access - to Care / Insurance / Providers - 18
Education (health, literacy) - 14
Transportation - 8
Nutritious Food - 6
Financial (clinic, population) - 5
Recreation - 4
Patient Compliance/ follow-up - 2
Environment/sanitation - 2

Each group was then asked to identify barriers to both medical and community resources, as well as identify possible improvement plans in which University Hospital could possibly participate through local partnerships.

How can we build on existing partnerships to create a healthier Augusta-Richmond County?



Suggestions and Partnerships to Address Health Issues and Needs

- Financial and resource support for community clinics
- Volunteer students and other healthcare personnel
- Engage GHSU students in service learning projects to help teach health self-management
- Community health classes
- Health education in schools
- Referral coordinators in Emergency Department
- Transition coaches
    - From hospital to home
    - Peers in the community
    - One-on-one patient education
- Collaboration for access to patient health data between providers
    - To facilitate continuity of care

These responses were overlaid with data from secondary sources when considering which needs to prioritize and ultimately implement strategies to address.

Community Benefit:

Indigent and Charity Care
In 2012, University Health Care System provided $28,813,764 in indigent and charity care. These costs include:

$20,132,839 for inpatient and outpatient services for indigent patients. This includes Project Access, which University helped develop in 2002 with the Richmond County Medical Society to care for Richmond and Columbia County indigent patients. University continues to be Augusta's largest hospital contributor of funds and services to this program.

$2,204,576 to help support community clinics such as Christ Community Clinic, the Lamar Medical Center, Belle Terrace Health and Wellness Center, St. Vincent dePaul and the Harrisburg Family Healthcare Clinic.

$7,203,007 in uncompensated physician services for indigent and charity patients.

$195,133 for disease management programs coordinated and staffed by University to help people with chronic diseases such as congestive heart failure, asthma and congestive obstructive pulmonary disease (COPD) better manage their conditions so they live longer, healthier lives.

Not included in the community benefit amount, but a significant contribution by University Hospital is the loss sustained by "bad debt," or the amount of care provided for which payment was expected but not received and "Medicare and Medicaid shortfalls," or the difference between the cost of care provided to those patients and the payment received from the state and federal government for that care.

Community Outreach
Staying true to our mission of helping people stay healthy, University reached more than 200,000 people in 2012 and invested nearly $1.4 million on free screenings, community education classes and free publications to spotlight the importance of prevention and early detection of disease.

Health Professions Education
At University we know that a skilled and educated workforce is an important part of providing advanced health. In 2012, University invested $643,690 in three University-based programs — Harry T. Harper Jr., M.D., School of Cardiac and Vascular Technology; Augusta Dietetic Internship; and Stephen W. Brown School of Radiography — to train excellent allied health professionals.

* Dollar amounts reflect estimated costs, not charges. Information may not be IRS Form 990 Schedule H compliant.

To view the entire 2012 Community Benefit Report, visit www universityhealth org/aboutus.

Other Programs and Services:

FREE Focused Education and Screenings

Physician-led education seminars

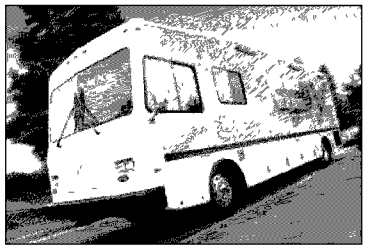
- Colon, skin and cervical cancer
- Nutrition and cancer
- Weight management
- Preventing heart disease
- Controlling hypertension
- Smoking cessation
- Childbirth preparation
- First six weeks of infant care
- Importance of breastfeeding
- Infant CPR

Screenings

- Mobile mammography
- Melanoma screening
- Community health fairs
- Outreach to business and industry

Community Events

- Diabetes Expo
  - Multiple physician-led classes
    Counseling
  - Cooking demonstration
  - Attended by 800+
- Sweet Success diabetes education program geared toward at-risk population
- Diabetes camp for adolescents
- Cardio on the Canal to educate kids on healthy eating and exercise
- Healthy cooking demonstrations



Georgia Health UNIVERSITY

Local Organizations and Staff

In addition to those interviewed, many other local organizations and staff contributed to this year's Community Health Needs Assessment. These individuals and their local organizations represent an **inventory of community services** already available to address needs of the Augusta area.

Public Health Department
Key Staff- Dr. Ketty Gonzalez, Director

Dr. Gonzalez was appointed as the East Central Public Health District Director in October 2007.

Public health nurses comprise the single largest part of Georgia's public health workforce. The capacity of the public health system to fulfill its mission, "... to promote, protect and improve the health and safety of the people of Georgia" depends to a great extent on the work of public health nurses. The success of public health will continue to rely on the skills and abilities of nurses to serve as vital members of the public health team in planning for, and responding to, the changing needs of a complex and diverse population

Every day, public health nurses make a difference in the health of the public. Public health nurses provide a wide range of direct clinical services, such as administering vaccines to prevent communicable diseases and providing family planning services to prevent unintended pregnancies. Public health nurses also provide complex population-based services that are aimed at improving the health status of the community, such as assisting with plans to investigate a disease outbreak, presenting information about health trends to local policy makers within their communities and serving on the community's local emergency preparedness planning team.

Georgia Regents University Augusta School of Nursing
Key Staff- Christine O'Meara, Special Projects Coordinator

Coordinated Community Health Needs Assessments with University Hospital, GRU School of Nursing, and GRU Administration.

Project Access
Key Staff- Dr. Terence Cook

Richmond County Medical Society Project Access, Inc. is an outreach program of the Richmond County Medical Society which assists the uninsured indigent people of Richmond and Columbia Counties with accessing physician services and assists Richmond and Columbia County physicians with expanding their role in caring for these patients. RCMS Project Access, Inc. is a participant in the CSRA Partnership for Community Health and the Greater Augusta Healthcare Network (GAHN).

Greater Augusta Healthcare Network (GAHN)
Key Staff- Lucy Marion, Dean of the School of Nursing, Medical College of Georgia

The network, founded in 2007 with initial grant funding from The Georgia Healthcare Foundation, includes the Georgia Health Sciences University College of Nursing, six hospitals, seven community clinics, five community service providers and the East Central Public Health District. Its mission is to

improve health in greater Augusta by increasing access to quality, cost-effective health care for the medically underserved.

Christ Community Clinic
Key Staff- Dr. Robert Campbell

In response to God's grace we desire to be a part of the redemptive work of Christ to the economically, socially and spiritually impoverished communities of Augusta. We envision an incarnational ministry through a community of Believers who use their particular gifts to care for the poor and who bring them into their fellowship.

1st Stop 211
Key Staff- Amy Rickard

United Way's 2-1-1 is a comprehensive information and referral service, providing FREE, CONFIDENTIAL ASSISTANCE in finding the help you need from among the many resources available in the CSRA. 2-1-1 is not a crisis or emergency line. It is, however, an excellent resource for gaining information that can put you in touch with professionals who care. The service is available 24 hours a day, 7 days a week.

University Medical Associates
Key Staff- Dr. Daniel Boone

University Medical Associates is an internal medicine physician practice. UMA doctors are dedicated to providing compassionate and comprehensive care to patients in the areas of Internal Medicine, Lipidology, Endocrinology, and Diabetes care.

University Medical Associates specializes in complex medical management and strives to improve the value of medical care through innovation and excellence. UMA serves Augusta and Evans with an on-site lab, x-ray, and bone- density analysis capabilities.

University Health Care Foundation
Key Staff- Laurie Ott, President of University Health Care Foundation

As the philanthropic arm of University Health Care System since 1978, the Foundation has helped provide innovative services and projects that truly make a difference in people's lives. From helping construct state-of-the-art patient care facilities; making medical procedures possible for uninsured and underinsured patients; giving children with asthma and diabetes a chance to enjoy a true camping experience; to helping fund vital medical equipment, University Health Care Foundation is an important part of University Health Care System's heritage and ability to serve patients.

University Health Care System Departments
Key Staff-

- *Lynda Watts, CNO*
- *Lynn Beaulieu, Emergency Department Director, EMS Council, GAHN*
- *Denise Gibson-Cato, Emergency Department Nurse Manager*
- *Marie Jackson, Pharmacy Director*
- *Heidi Nelson, Disease Management Director*

- *Ellen Tereshinski, Home Health/Hospice/University Extended Care Director*
- *Mary Goolsby, National Nurse Practitioner*
- *Debra Whitley, Manager of Diabetes Services*

The mission of University Health Care System is to provide health care services which help the citizens of our communities achieve and maintain optimal health. The key staff above play an integral role in this mission and were also involved in this Community Health Needs Assessment Process.

Emory University Nell Hodgson Woodruff School of Nursing
Key Staff- Dr Bonnie Jennings, Professor

The Nell Hodgson Woodruff School of Nursing is committed to a trajectory that includes becoming an international leader in the advancement of nursing science, education, practice and policy.

Area Agency on Aging
Key Staff- Jeanette Cummings

The Area Agency on Aging provides a variety of services and support to improve the lives of senior citizens in 14 counties of the Central Savannah River Area (CSRA), including Richmond County. The Area Agency on Aging's primary activities are:

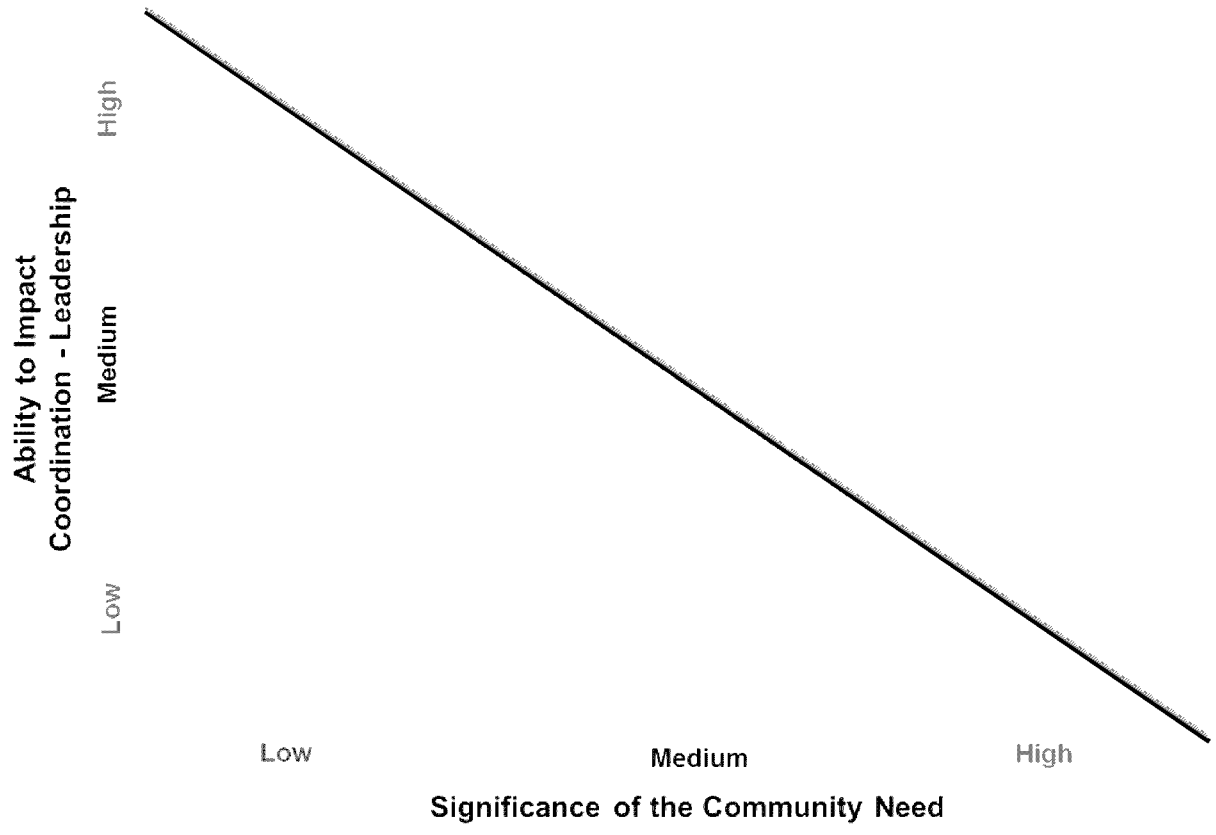
- identifying and planning for aging-service needs throughout the region
- connecting senior citizens and caregivers with needed aging services and information
- providing staff support and leadership to outside agencies that address aging issues
- administering grants and contracts to quality organizations that provide services to older CSRA residents

Prioritization of Needs

In August 2013, a priority session was held at University Hospital with members of the senior leadership team. The purpose of this session was to discuss data and input that had been collected and to prioritize the needs of the hospital's defined community. Criteria used to prioritize these needs included importance to the service area, relevance of the health issues to the population served, and the ability of University Hospital to effectively impact and improve the health issue. Also discussed in this session were those needs that were already being addressed by other community partners or organizations.

Results from the data assessment, survey, interviews, and focus groups were compiled and discussed among the team. Eleven topics from these phases of the CHNA process emerged as possible improvement opportunities for University Hospital's service area.

A prioritization grid was created that compared University Hospital's ability to impact to the need to how significant the need was in the community. Those needs identified in the upper right sectors of the grid were viewed as the most significant needs that UH leadership felt they had the ability to impact. These are the needs that would ultimately be chosen as priorities. A sample is shown below:



University Hospital identified current programs and the development of other programs for each priority identified.

After discussing these priorities in depth and examining University Hospital's expertise and outreach, the expertise of other community organizations, and UH's wide range of services currently available, the following issues were chosen to create implementation strategies:

A. **Chronic Disease Prevalence (Diabetes, Heart Failure, etc.)**: According to CDC, Chronic Diseases are the leading causes of death and disability in the U.S., with 7 out of 10 deaths among Americans each year from chronic diseases. Heart disease, cancer and stroke account for more than 50 percent of all deaths each year, while diabetes continues to be the leading cause of kidney failure, non-traumatic lower extremity amputations, and blindness among adults, aged 20-74. Four modifiable health risk behaviors – lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption – are responsible for much of the illness, suffering and early death related to chronic disease.

   University Hospital will create strategies in an effort to reduce chronic disease incidence, as well as the economic and emotion burden of these conditions. These will be addressed through disease management programs, education and screenings.

B. **Obesity and Nutrition:** According to Healthy People 2020, the health impact of eating a healthful diet and being physically active cannot be understated. Together, a healthful diet and regular physical activity can help people achieve and maintain a healthy weight, reduce the risk of heart disease and stroke, reduce the risk of certain cancers, and strengthen muscles, bones and joints.
   Chief among the benefits of a healthful diet and physical activity is a reduction in the risk of obesity. Obesity is a major risk factor for several of today's most serious health conditions and chronic diseases, including high blood pressure, high cholesterol, diabetes, heart disease and stroke and osteoarthritis. Obesity also has been linked to many forms of cancer.

   University Hospital will create strategies around nutrition and obesity with special focus on educational opportunities that promote a healthy lifestyle.

C. **Access to Care, Financial (Insurance Coverage):** According to the Healthy People 2020 website, people without medical insurance are more likely to lack a usual source of medical care, such as a primary care physician ("PCP"), and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

   University Hospital will create strategies dedicated to increasing access to medical services and screenings for uninsured persons.

D. **Prevention and Screenings:** According to Healthy People 2020, Clinical preventive services offer tremendous opportunity to save years of life and to help people live better during those years. Moreover, science-based prevention can save money – and provide high-quality care – by helping people avoid unnecessary tests and procedures. Evidence-based preventive services are effective in reducing death, disability and disease, including cancer, chronic diseases, infectious diseases and mental health/substance abuse disorders.

   University Hospital will create strategies to increase community health literacy and awareness through various outreach programs that empower personal health.

University Hospital's Community Needs Assessment Team will initiate the development of implementation strategies for each health priority identified above. This Implementation Plan will be rolled out over the next three years. Strategies will be clearly defined along with a matrix of which areas the hospital will address. The team will work with community partners and health issue experts on the following for each of the approaches to addressing health needs listed:

- Identify what other local organizations are doing to address the health priority
- Develop support and participation for these approaches to address health needs
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans
- Communicate with the assessment team and ensure appropriate coordination with other efforts to address the issue

The team will then develop a monitoring method at the conclusion of the Implementation Plan to provide status and results of these efforts to improve community health. University Hospital is committed to conducting another health needs assessment in three years.

In addition, we will continue to play a leading role in addressing the health needs of those within our community, with a special focus on the health needs of local residents. As such, community benefit planning is integrated into our health care system's annual planning and budgeting processes to ensure we continue to effectively support community benefits.

Board Approval

This Community Health Needs Assessment Report for fiscal Dec. 31, 2013, was approved by the University Hospital Board of Directors at its meeting held Dec. 19, 2013.

2013

COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

UNIVERSITY
HEALTH CARE SYSTEM

Implementation Strategies

University Hospital will engage key community partners in implementing evidence-based strategies across the service area to address the health care priorities of our community. Acknowledging the many organizations and resources in place to address the health needs of our community, UH has strategically reviewed both internal and external resources. This portion of the Community Health Needs Assessment, the Implementation Strategy, will explain how UH will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will also explain why the hospital cannot address all the needs identified in the CHNA, and if applicable, how UH will support those organizations in addressing those needs.

Health Priorities

As mentioned in the CHNA report, the following document addresses the needs that University Hospital has chosen to address. The document also outlines why we chose to address these needs, how we will address these needs, who the responsible party will be and any goals that will be set forth from the beginning, as well as the time frame for achieving those goals.

A priority session was held at University Hospital with members of senior leadership in August 2013. The purpose of this session was to discuss data and input and prioritize the needs of the hospital's defined community. Criteria used included importance to the service area, relevance of the health issue to the population served and the ability of UH to effectively impact and improve the health issue.

The team discussed strategic action steps and desired outcomes that would serve as the framework of each strategy.

Also, in accordance with IRS proposed regulations, the team identified which priorities would not be addressed in the implementation strategy and why. After discussing these priorities in depth and examining UH's expertise, the expertise of other community organizations and outreach and UH's wide range of services currently available, the following issues were chosen for implementation:

A. **Chronic Disease Prevalence (Diabetes, Heart Failure, etc.)**: According to Centers for Disease Control and Prevention, chronic diseases are the leading causes of death and disability in the U.S., contributing to 7 out of 10 deaths among Americans each year. Heart disease, cancer and stroke account for more than 50 percent of all deaths each year, while diabetes continues to be the leading cause of kidney failure, non-traumatic lower extremity amputations and blindness among adults aged 20-74. Four modifiable health risk behaviors - lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption - are responsible for much of the illness, suffering and early death related to chronic disease.

B. **Obesity and Nutrition**: According to Healthy People 2020, the health impact of eating a healthy diet and being physically active cannot be understated. Together, a healthy diet and regular

physical activity can help people achieve and maintain a healthy weight, reduce the risk of heart disease and stroke; reduce the risk of certain cancers; and strengthen muscles, bones and joints. Chief among the benefits of a healthy diet and physical activity is a reduction in the risk of obesity. Obesity is a major risk factor for several of today's most serious health conditions and chronic diseases, including high blood pressure, high cholesterol, diabetes, heart disease, stroke and osteoarthritis. Obesity also has been linked to many forms of cancer.

C. **Access to Care, Financial (Insurance Coverage)**: According to Healthy People 2020, people without medical insurance are more likely to lack a usual source of medical care, such as a primary care physician ("PCP") and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

D. **Prevention and Screenings**: According to Healthy People 2020, clinical preventive services offer tremendous opportunity to save years of life and to help people live better during those years. Moreover, science-based prevention can save money - and provide high-quality care - by helping people avoid unnecessary tests and procedures. Evidence-based preventive services are effective in reducing death, disability and disease, including cancer, chronic diseases, infectious diseases and mental health/substance abuse disorders.

Chronic Disease Prevalence: Reduce the incidence, as well as the economic and emotional burden of chronic conditions while also addressing health risk behaviors associated with chronic disease.

Community Health Need:	Chronic Disease Prevalence
Topic Area Overview:	**Chronic Diseases are the leading causes of death and disability in the U.S., with 7 out of 10 deaths among Americans each year from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year, while diabetes continues to be the leading cause of kidney failure, non-traumatic lower extremity amputations, and blindness among adults, aged 20-74. Four modifiable health risk behaviors - lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption - are responsible for much of the illness, suffering, and early death related to chronic disease. - CDC**
Specific Needs Identified in CHNA:	Richmond County ranks as one of the highest in the U S for deaths related to cancer and diabetes It is also in the highest percentile for incidents of breast cancer The average number of age adjusted death rates due to cancer in all U S counties is 184 per 100,000 Richmond County reflects a rate much higher than the average - 215 deaths per 100,000 This is 59 more deaths per 100,000 than neighboring Columbia County Richmond County also has a health behaviors ranking that is more than 37% higher than the national average This is significant because a majority of preventable deaths and illnesses in the United States are directly caused by human behaviors such as smoking and unhealthful diets
Goals:	Reduce the incidence, as well as the economic and emotional burden, of chronic conditions while also addressing health risk behaviors associated with chronic disease

Strategy. Coordinate disease management program

Lead Organizational Entity: Disease Management

Action Step	Accountability	Timeline	Desired Outcome
Continue to offer disease management programs Coordinated and staffed by University to help people with chronic conditions including congestive heart failure, asthma, chronic obstructive pulmonary disease (COPD) and diabetes better manage their conditions Coumadin therapy monitoring is also available	Director, Disease Management	Present - 2016	Monitoring condition and Improved access to information about managing chronic disease
Continue to provide 24-hour inbound and outbound call line using telehealth nurses that support the Disease Management Clinic This line is available to disease management patients seeking guidance on how to manage their condition The telehealth nurses also call these high risk patients routinely to ensure they are adherent to plan of care	Director, Disease Management	Present - 2016	Improved access to information about managing chronic disease

Strategy. Provide diabetes outreach and education through annual events and free classes			
Lead Organizational Entity: Diabetes Services			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue annual Diabetes Expo This event is sponsored by Diabetes Services with the help of hospital service lines and local vendors	Diabetes Services Program Coordinator	Present - 2016	Expand diabetes awareness
Continue monthly Sweet Success community education class Sweet Success is an education program for indigent diabetics with a focus on diet needs, health issues and caring for themselves Information on managing care, treatment options and maintaining a healthy lifestyle is provided	Diabetes Services Program Coordinator	Present - 2016	Improved access to information about living well with diabetes
Continue quarterly Insulin Pump Support Group	Diabetes Services Program Coordinator	Present - 2016	Improved access to information about living well with diabetes
Strategy. Provide outreach/education to impact obesity through "Eating Well with Kim" program and free community education- linked with obesity and nutrition			
Lead Organizational Entities: Community Relations/Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue to support Eating Well with Kim program University Health Care System teams up with News 12 to produce the Eating Well with Kim segment three times a week University Registered Dietitian and certified Diabetes Educator Kim Beavers offers healthy eating ideas along with quick, easy and healthy recipes that are provided to viewers via the website	Director, Corporate Communications/ Eating Well with Kim Coordinator	Present - 2016	Build awareness about healthy eating habits
Continue annual "Healthy Diet, Healthy Heart" class This class focuses on how healthy eating has a positive impact on the heart A "heart healthy" lunch is served	Community Relations Specialist	Present - 2016	Build awareness about healthy eating habits as they relate to obesity and heart health
Continue free monthly "Weight Loss Surgery and You" class This class provides information how Bariatric Surgery, in conjunction with a healthy lifestyle, can be a successful alternative approach to weight loss	Bariatric Surgery / Weight Management Services Registered Dietician or Coordinator	Present - 2016	Improved access to information about bariatric options
Continue production of Healthy U Calendar This print calendar is a community resource for University Health Care System classes, support groups and events Calendars are posted on the University Hospital website and inserted into the newspaper	Community Relations Specialist / Sr Communications Specialist	Present - 2016	Provide information to the community about hospital educational events

Strategy. Provide and support Cancer outreach and education initiatives			
Lead Organizational Entities: Cancer Services and Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue to host annual community Breast Cancer Awareness Dinner A partnership with Dillards, this event honors survivors	Breast Health Center Coordinator / Corporate Communications	Present - 2016	Increased awareness in the community
Continue support of Public Service Announcements	Director, Corporate Communications	Present - 2016	Increased awareness in the community
Continue monthly Breast Cancer Support Group Pink Magnolias Free group for women who have or have had breast cancer Information on the latest diagnostic and treatment of breast cancer as well as support from the Breast Health Center's clinical staff and fellow breast cancer survivors	Breast Health Center Coordinator	Present - 2016	Improved access to support
Continue monthly Breast Self Exam Class, open to the community	Breast Health Center Coordinator	Present - 2016	Increased opportunities for women to learn how to perform a self exam
Continue to host at least one annual physician-lead education class on breast cancer Classes are free and cover a variety of topics, open to the community	Community Relations Specialist/Breast Health Center Coordinator	Present - 2016	Improved access to educational opportunities about breast cancer
Continue free monthly Breast Cancer Support Group for Young Women A support group for women in their 20s-30s, open to the community	Community Relations Specialist/Breast Health Center Coordinator	Present - 2016	Improved access to support for young women with breast cancer
Continue free monthly Breast Cancer Support Group	Breast Health Center Coordinator	Present - 2016	Improved access to support opportunities for community members with cancer
Continue monthly Breast Cancer Support Group for Spouses University's Breast Health Center facilitates and sponsors a free support group to assist spouses of breast cancer patients, open to the community	Breast Health Center Coordinator	Present - 2016	Increased opportunities for support for people with breast cancer and their spouses
Continue to offer four-week Fresh Start Smoking Cessation Class Sponsored by the American Cancer Society with University Hospital instructors, this program is offered every month and is designed to help people give up all forms of tobacco	Cancer Services Coordinator	Present - 2016	Improved access to the tools necessary to stop smoking
Continue to offer at least three physician-lead classes annually on one or more of the following Lung Cancer, Cervical Cancer, Skin Cancer, Colon Cancer, Prostate Cancer, Nutrition & Cancer	Community Relations Specialist/ Cancer Services Coordinator	Present - 2016	Improved access to opportunities for cancer education

Strategy. Provide access to mammograms through Mobile Mammography Unit - linked with Access to Care for Uninsured			
Lead Organizational Entity: Breast Health Center			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue to coordinate with local community events and businesses to arrange for community screening opportunities The University Breast Health Center Digital Mobile Mammography Unit reaches women unable to come to University's onsite center With a mobile mammography unit, the center is able to take breast health care to underserved populations, to working women at business and industrial sites, and to community and church groups throughout the area	Breast Health Center Coordinator	Present - 2016	Increased access to mammograms
Strategy. Continue health fairs and screenings - linked with Access to Care for Uninsured			
Lead Organizational Entities: Cancer Services and Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue free health fairs that offer screenings to include blood sugar, cholesterol and blood pressure checks, carotid artery ultrasounds which identify early signs of plaque build up, and information on nutrition and weight management Health fairs are partnerships with community churches, local media and business and industry	Community Relations Specialist	Present - 2016	Improved exposure to education and/or screenings related to the prevention or treatment of chronic disease
Strategy. Provide free Lung and Skin Cancer Screenings - linked with Access to Care for Uninsured			
Lead Organizational Entities: Cancer Services and Community Relations/Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue annual Lung Cancer Screening in conjunction with physician-lead community education presentation Free pulmonary function and Alpha-1 Antitrypsin Deficiency tests are offered, along with smoking cessation information	Cancer Services Coordinator/Community Relations Specialist	Present - 2016	Increased lung cancer awareness and access to free pulmonary function tests
Continue annual community Skin Cancer Screening University Hospital and local dermatologists team up every May to provide free skin cancer screenings to the community, which may help identify cancer at an early stage	Cancer Services Coordinator/Community Relations Specialist	Present - 2016	Increased skin cancer awareness and access to free skin cancer screening

Obesity and Nutrition: Reduce the incidence of obesity.

Community Health Need:	Obesity and Nutrition
Topic Area Overview:	**"Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke and cancer A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time " - HP2020**
Specific Needs Identified in CHNA:	Richmond County has one of the worst Low-Income and Low Access to Grocery Store rankings in the country It therefore no surprise that the county's adults aged 20 and older are more obese than most compared to other U S counties The obese population of Richmond County is 12 5 percent compared to neighboring Columbia County that has an obese population of 2 2 percent The high health behaviors ranking for Richmond County also is significant because a majority of preventable deaths and illnesses in the United States are directly caused by human behaviors, including unhealthful diets
Goals:	Reduce the incidence of obesity

Strategy: Provide outreach/education to impact obesity through "Eating Well with Kim" program and free community education - linked with Chronic Disease Prevalence

Lead Organizational Entities: Community Relations/Corporate Communications and Bariatric Surgery/Weight Management

Action Step	Accountability	Timeline	Desired Outcome
Continue to support Eating Well with Kim program University Health Care System teams up with News 12 to produce the Eating Well with Kim segment three times a week University Registered Dietitian and certified Diabetes Educator Kim Beavers offers healthy eating ideas along with quick, easy and healthy recipes that are provided to viewers via the University website	Director, Corporate Communications/ Eating Well with Kim Coordinator	Present - 2016	Increased opportunities for education about weight management and nutrition
Continue annual "Healthy Diet, Healthy Heart" class This is a one-time class that focuses on how healthy eating has a positive impact on the heart A "heart healthy" lunch is served	Community Relations Specialist	Present - 2016	Build awareness about practical ways to support healthy eating habits
Continue free monthly "Weight Loss Surgery and You" class This class provides information how Bariatric Surgery, in conjunction with a healthy lifestyle, can be a successful alternative approach to weight loss	Bariatric Surgery / Weight Management Services Registered Dietician or Coordinator	Present - 2016	Improved access to information about bariatric options

Strategy: Provide off-site health fairs and screenings - linked with Chronic Disease Prevalence and Prevention and Screening

Lead Organizational Entities: Community Relations/Nutrition and Weight Management

Action Step	Accountability	Timeline	Desired Outcome
Continue free health fairs that offer screenings to include blood sugar, cholesterol and blood pressure checks, carotid artery ultrasounds which identify early signs of plaque build up, and information on nutrition and weight management Health fairs are partnerships with churches, local media and business and industry	Community Relations Specialist	Present - 2016	Increase opportunities for education about weight management and a healthy lifestyle

Access to Care: Increase access to medical services and screenings for uninsured persons.

Community Health Need:	Access to Care
Topic Area Overview:	**"A person's ability to access health services has a profound effect on every aspect of his or her health, yet at the start of the decade, almost 1 in 4 Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses." - HP2020**
Specific Needs Identified in CHNA:	Nearly 30% of Richmond County residents are without health insurance, and almost 20% live below the poverty level
Goals:	Increase access to medical services and screenings for uninsured persons

Strategy. Provide access to mammograms through Mobile Mammography Unit - linked with Prevention and Screening

Lead Organizational Entity: Breast Health Center

Action Step	Accountability	Timeline	Desired Outcome
Continue to coordinate with local community events and businesses to arrange for screening opportunities The University Breast Health Center Digital Mobile Mammography Unit reaches women unable to come to University's onsite center With a mobile mammography unit, the center is able to take breast health care to underserved populations, to working women at business and industrial sites, and to community and church groups throughout the area The Mobile Mammography Unit is sustained through a hospital foundation partnership	Breast Health Center Coordinator	Present - 2016	Increase opportunities for residents without insurance to have a mammogram

Strategy. Provide off-site health fairs and screenings - linked with Chronic Disease Prevalence and Prevention and

Lead Organizational Entities: Community Relations/Corporate Communications

Action Step	Accountability	Timeline	Desired Outcome
Continue free health fairs that offer screenings to include blood sugar, cholesterol and blood pressure checks, carotid artery ultrasounds, which identify early signs of plaque build up, and information on nutrition and weight management Health fairs are partnerships with churches, local media and business and industry	Community Relations Specialist	Present - 2016	Improve access to free off-campus screenings for chronic disease prevention

Strategy: Provide free Lung and Skin Cancer Screenings - linked with Chronic Disease Prevalence and Prevention and

Lead Organizational Entities: Cancer Services and Community Relations/Corporate Communications

Action Step	Accountability	Timeline	Desired Outcome
Annual Lung Cancer Screening in conjunction with physician-lead community education event Free pulmonary function and Alpha-1 Antitrypsin Deficiency tests are offered, along with smoking cessation information	Cancer Services Coordinator/Community Relations Specialist	Present - 2016	Provide access to free pulmonary function screenings
Annual Skin Cancer Screening University Hospital and local dermatologists team up every May to provide free skin cancer screenings to the community, which may help identify cancer at an early stage	Cancer Services Coordinator/Community Relations Specialist	Present - 2016	Promote opportunities for free skin cancer screenings

Strategy. Support initiatives that increase accessibility to inpatient and outpatient services			
Lead Organizational Entities: Administration			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue to provide non-hospital inpatient and outpatient services for indigent patients This includes Project Access, which University helped develop in 2002 with the Richmond County Medical Society to care for Richmond and Columbia county indigent patients University continues to be Augusta's largest hospital contributor of funds and services to this organization	Executive Vice President and COO - University Health Care System	Present - 2016	Improved access to medical care for indigent patients including primary and specialty care
Continue to support community health care clinics These include Lamar Medical Center, Belle Terrace Health and Wellness Center, Christ Community Health Services and St Vincent dePaul University Hospital was instrumental in developing Lamar Medical Center and Belle Terrace Health and Wellness	CMO/President- University Hospital	Present - 2016	Improved access to medical care for indigent residents, including primary care, decrease in the number of Emergency Room visits
Continue to support uncompensated physician services for indigent and charity patients	CMO	Present - 2016	Improved access to specialty medical care for indigent patients

Prevention and Screening: Increase community health literacy and awareness through outreach programs with a focus on wellness and healthy behavior initiatives to empower individual personal health.

Community Health Need:	Prevention and Screening
Topic Area Overview:	**"Preventive services such as routine disease screenings and scheduled immunizations are key to reducing death and disability and improving overall health These services both prevent and detect illnesses and diseases—from flu to cancer—in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs In addition, wellness and education initiatives empower the community to make healthy lifestyle choices by creating environments that nourish all dimensions of personal health These initiatives aim to keep the community informed of services available, as well as how to access them " - HP2020**
Specific Needs Identified in CHNA:	As a whole, Richmond County residents demonstrate a higher propensity than the national averages to smoke, to drink excessively, to be overweight and to have diabetes Richmond County also has one of the country's highest premature death rankings Providing education and outreach to Richmond County residents will help them to make lifestyle choices that lead to longer, healthier lives
Goals:	Increase community health literacy and awareness through outreach programs with a focus on wellness and healthy behavior initiatives to empower individual personal health

Strategy. Provide access to mammograms through Mobile Mammography Unit - linked Access to Care for Uninsured

Lead Organizational Entity: Breast Health Center

Action Step	Accountability	Timeline	Desired Outcome
Continue to coordinate with local community events and businesses to arrange for screening opportunities The University Breast Health Center Digital Mobile Mammography Unit reaches women unable to come to University's onsite center With a mobile mammography unit, the center is able to take breast health care to underserved populations, to working women at business and industrial sites, and to community and church groups throughout the area	Breast Health Center Coordinator	Present - 2016	Increased access to screening mammograms

Strategy. Provide off-site health fairs and screenings - linked with Chronic Disease Prevalence and Access to Care for Uninsured

Lead Organizational Entities: Community Relations/Corporate Communications

Action Step	Accountability	Timeline	Desired Outcome
Continue free health fairs that offer screenings to include blood sugar, cholesterol and blood pressure checks, carotid artery ultrasounds which identify early signs of plaque build up, and information on nutrition and weight management Health fairs are partnerships with community churches, local media and business and industry	Community Relations Specialist	Present - 2016	Increased access to free off-site screenings

Strategy. Provide free Lung and Skin Cancer Screenings - linked with Chronic Disease Prevalence and Access to Care for Uninsured			
Lead Organizational Entities: Cancer Services and Community Relations/Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue annual Lung Cancer Screening in conjunction with physician-lead community education presentation This is a one-time event Free pulmonary function and Alpha-1 Antitrypsin Deficiency tests are offered, along with smoking cessation information	Cancer Services Coordinator / Community Relations Specialist	Present - 2016	Increased lung cancer awareness and access to free pulmonary function tests
Continue annual Skin Cancer Screening University Hospital and local dermatologists team up every May to provide free skin cancer screenings to the community, which may help identify cancer at an early stage	Cancer Services Coordinator/Community Relations Specialist	Present - 2016	Increased skin cancer awareness and access to free skin cancer screenings
Strategy. Provide free Heart Attack and Stroke Prevention classes			
Lead Organizational Entities: Cancer Services and Community Relations/Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue free Heart Attack and Stroke Prevention classes held four times per month This class explains some of the causes of vascular disease as well as early warning signs Information is provided about how changes can be made immediately to prevent heart attack and stroke	Heart Attack and Stroke Prevention Coordinator	Present - 2016	Improved access to education about vascular disease and prevention
Strategy. Continue to provide outreach/education to encourage healthy lifestyle choices through "Eating Well with Kim" program - linked with Chronic Disease Prevalence and Obesity/Nutrition			
Lead Organizational Entity: Community Relations/Corporate Communications			
Action Step	**Accountability**	**Timeline**	**Desired Outcome**
Continue to support Eating well With Kim program University Health Care System teams up with News 12 to produce the Eating Well with Kim segment three times a week University Registered Dietitian and certified Diabetes Educator Kim Beavers offers healthy eating ideas along with quick, easy and healthy recipes that are provided to viewers via University's website	Director, Corporate Communications	Present - 2016	Improved access to education about healthy cooking and nutrition

Plan to Evaluate

In accordance with section 6033(b)(15)(A) of the IRS proposed regulations, University Hospital will provide annually on the form 990 a description of the actions taken during the taxable year to address the significant health issues identified through its most recent CHNA. If no actions were taken with respect to one or more of these needs, the reason or reasons why no actions were taken will be given.

Needs Not Addressed

Certain needs identified as priorities in the CHNA process have not been addressed in this plan. In initial discussion and subsequent prioritization, the Community Needs Assessment Team considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of the hospital. The priorities not addressed in this implementation strategy are listed below, along with a reason for omission.

Sexual Health and Teen Pregnancy: Due to resource constraints along with the presence of other local organizations championing this area of need, University Hospital will not address sexual health as a priority at this time. UH will support the public health department and other local agencies as they use available resources and programs to address these needs.

Transportation: Through prioritization, the team found a lack of effective interventions to address this need. However, University Hospital will continue to use available resources to offer the Mobile Mammography unit when possible. These strategies can be found under other priority areas in this report.

Board Approval

This Implementation Strategy Report for fiscal YE Dec. 31, 2013, was approved by the University Hospital Board of Directors at its meeting held Dec. 19, 2013.