See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
West Virginia United Health System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 Technology Drive Room 2320

City or town, state or province, country, and ZIP or foreign postal code
Fairmont, WV 26554

D Employer identification number
55-0754713

E Telephone number
(304) 368-2700

G Gross receipts $ 9,678,887

F Name and address of principal officer
Christopher C Colenda
1000 Technology Drive
Fairmont, WV 26554

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 wvunitedhealthsystem org

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

L Year of formation 1997

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
West Virginia United Health System is committed to improving the health of the communities it serves through quality, cost effective health care services support of health professional training and research

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	49
6	Total number of volunteers (estimate if necessary)	**6**	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-35,869
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-35,869

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	9,238,904	9,629,697
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,765	9,171
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,568	40,019
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,299,237	9,678,887
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,083,000	1,041,000
	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)	6,854,528	7,146,889
	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)	1,440,943	1,534,121
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,378,471	9,722,010
	19 Revenue less expenses Subtract line 18 from line 12	-79,234	-43,123

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	12,589,934	12,814,151
	21 Total liabilities (Part X, line 26)	5,617,467	5,737,752
	22 Net assets or fund balances Subtract line 21 from line 20	6,972,467	7,076,399

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2015-08-12

▶ Douglas Coffman VP 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

West Virginia United Health System is committed to improving the health of the communities it serves through the delivery of quality, cost effective health care services support of health professional training and research WVUHS provides integrated support services to reduce costs for member hospitals

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 $ 2,498,689 including grants of $) (Revenue $)

The WVUHS Legal Services Department is led by the Vice President General Counsel of WVUHS and consists of two health care attorneys, two litigation attorneys, a labor and employment attorney, a contracts attorney, a collection attorney, and their respective staffs The WVUHS Legal Services Department oversees the general legal affairs of WVUHS and its subsidiaries, the day-to-day legal affairs of WVUHS, and the day-to-day legal affairs of West Virginia University Hospitals, Inc and each of its subsidiaries The purpose of the WVUHS Legal Services Department is to ensure that WVUHS and its subsidiaries operate in compliance with the law and to reduce the legal costs incurred by WVUHS and its subsidiaries

4b (Code) (Expenses $ 1,876,285 including grants of $) (Revenue $)

The primary operational function of WVUHS is to provide centralized services for member hospitals and affiliated clinics which allow those entities to deliver higher quality healthcare, reduce the costs of services provided to the public, and better support education and research The largest program service, as measured by expenses, is the centralized procurement operation which serves five hospitals and the UPC clinics During the year, WVUHS saved members 6,526,523 in the cost of purchased supplies and services through a combination of centrally-negotiated purchasing contracts and an efficient customer service department that processes daily purchase orders to assure an uninterrupted flow of products to support patient care

4c (Code) (Expenses $ 3,422,719 including grants of $ 1,041,000) (Revenue $)

1 WVUHS is committed to assisting its member hospitals and clinics in their ongoing efforts to assess and meet community and regional health needs To support those efforts, WVUHS has established a common community benefit data collection and reporting system to ensure accurate documentation of monies spent to improve the health and social status of our communities In addition, WVUHS hospitals are sharing experiences and plans related to their community health needs assessments, which will direct future use of community benefit funds to achieve targeted health status improvement and community development goals

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 7,797,693

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		No
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	Yes	
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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *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	17		
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			
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	49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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**	20		
	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**	19		
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**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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**		

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, address, and telephone number of the person who possesses the organization's books and records

▶Douglas Coufman CFO
1000 Technology Drive Suite 2320
Fairmont, WV 26554 (304) 368-2760

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) ▶								3,454,176	416,372	208,243

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 ▶ 13

			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
MVB Insurance LLC 48 Donley Street Suite 703 Morgantown, WV 26501	Insurance Services	1,370,344
Strata Decision Technology Holdings PO Box 150497 Hartford, CT 061150497	Capital Strategic Planning	493,250
ParenteBeard LLC PO Box 8500 Philadelphia, PA 191787831	Accounting and Auditing Services	463,334
The Chartis Group LLC 220 W Kinzie 5th Floor Chicago, IL 60654	Strategic Planning	462,083

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 ▶ 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	Hospital Assessments 900099	9,629,697	9,665,566	-35,869	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	9,629,697			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	9,171			9,171
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	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 . . ▶				
	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 . . ▶				
	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 . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Other Income 900099	40,019			40,019
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	40,019			
	12	**Total revenue.** See Instructions . . . . . ▶	9,678,887	9,665,566	-35,869	49,190

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,041,000	1,041,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	2,615,553	2,615,553		
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	2,735,424	2,113,392	622,032	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	543,817	480,600	63,217	
9 Other employee benefits	786,283	686,565	99,718	
10 Payroll taxes	465,812	411,663	54,149	
11 Fees for services (non-employees)				
a Management	0			
b Legal	51,924		51,924	
c Accounting	26,829		26,829	
d Lobbying	127,945		127,945	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	652,289	151,525	500,764	
12 Advertising and promotion	2,500		2,500	
13 Office expenses	125,190	76,522	48,668	
14 Information technology	119,047	6,749	112,298	
15 Royalties	0			
16 Occupancy	224,587	146,706	77,881	
17 Travel	92,260	43,936	48,324	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,252		17,252	
23 Insurance	18,873		18,873	
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 Taxes, License Fees	27,334	2,698	24,636	
b Dues	23,312	2,363	20,949	
c Education and Training	6,358		6,358	
d Recruiting Expense	17,687	17,687		
e All other expenses	734	734		
25 **Total functional expenses.** Add lines 1 through 24e	9,722,010	7,797,693	1,924,317	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			1	
	2	Savings and temporary cash investments		3,433,953	2	3,477,553
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,225,947	4	2,292,073
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,735	9	30,424
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 528,497			
	b	Less accumulated depreciation	10b 469,730	38,083	10c	58,767
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,859,216	13	6,955,334
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,589,934	16	12,814,151
Liabilities	17	Accounts payable and accrued expenses		5,025,365	17	5,049,532
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		592,102	25	688,220
	26	**Total liabilities.** Add lines 17 through 25		5,617,467	26	5,737,752
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		6,972,467	27	7,076,399
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		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		6,972,467	33	7,076,399
	34	Total liabilities and net assets/fund balances		12,589,934	34	12,814,151

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	9,678,887
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,722,010
3	Revenue less expenses Subtract line 2 from line 1	3	-43,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,972,467
5	Net unrealized gains (losses) on investments	5	90,710
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	56,345
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,076,399

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		

Additional Data

Software ID: 14000292
Software Version: 14.4.1.0
EIN: 55-0754713
Name: West Virginia United Health System 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			
(1) E Gordon Gee Chair	1 00	X		X				0	0	0
(1) Walter L Barth Director	1 00	X						0	0	0
(2) John P Keeley Director	1 00	X						0	0	0
(3) Terry Capel MD Director	1 00	X						0	0	0
(4) Jeffrie D'Costa Director	1 00	X						0	0	0
(5) Ellen S Cappellanti Director	1 00	X						0	0	0
(6) Thomas Heywood Director	1 00	X						0	0	0
(7) Christopher Colenda MD President/CEO	50 00	X		X				1,045,302	0	2,536
(8) Patrick Deem Vice Chair	1 00	X		X				0	0	0
(9) Kathy Eddy Secretary	1 00	X		X				0	0	0
(10) Michael A Moorehead MD Director	1 00	X						0	0	0
(11) Mark Nesselroad Treasurer	1 00	X		X				0	0	0
(12) Eric Radcliffe MD Director	1 00	X						0	0	0
(13) Arthur J Ross III MD Director	1 00	X						0	0	0
(14) H Wood Thrasher Director	1 00	X						0	0	0
(15) Richard M Adams Director	1 00	X						0	0	0
(16) Frank J Perez Director	1 00	X						0	0	0
(17) A Michael Perry Director	1 00	X						0	0	0
(18) Richard Pill Director	1 00	X						0	0	0
(19) Jose V Sartarelli PhD Director	1 00	X						0	0	0
(20) William R Stone Director	1 00	X						0	0	0
(21) John Yeager CFO/VP Finance	50 00			X				549,637	0	8,420
(22) Robert O'Neil VP Legal Services	50 00			X				487,725	0	34,581
(23) Richard King VP/CIO	15 00			X				107,854	251,659	19,637
(24) Gary Murdock VP of Planning and External Affairs	50 00			X				164,713	164,713	38,545

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			
(26) Steve Bowman Director Procurement	48 00					X		188,784	0	836
(1) Christine Vaglienti Associate Litigation Counsel	40 00					X		211,259	0	21,936
(2) Paul E Parker III Associate General Counsel	40 00					X		187,814	0	18,224
(3) Elizabeth Walker Associate General Counsel	40 00					X		210,929	0	21,543
(4) Edward Harman Jr Associate Collections Counsel	40 00					X		111,654	0	23,698
(5) J Thomas Jones Former President/CEO	1 00						X	188,505	0	18,287

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Virginia United Health System Inc

Employer identification number
55-0754713

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

f Enter the number of supported organizations 3

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 3					29,090,029	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	0 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

		Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test
Part I Section A Line g The amounts of support being reported for West Virginia University Hospitals, Inc , United Hosptial Center, and Camden Clark Memorial Hospital are the annual amount of savings realized by each company through the use of the Systems purchasing discounts and through the combining of other necessary expenses such as the annual audit, legal fees, benchmarking, hospital reviews, and a wide range of other expenses

Return Reference	Explanation
Part IV Section A Line 6	In 2013 WVUHS agreed to provide support of Clinical Translational Research and the specifics aims of the Clinical Translational Research Grant Award from the National Institutes of Health-entitled West Virginia IDEA-CTR through the West Virginia University Foundation This agreement is for 5 years This contribution is reflected In Part IX Line 1 of the Core 990 and on Schedule I

Additional Data

Software ID: 14000292
Software Version: 14.4.1.0
EIN: 55-0754713
Name: West Virginia United Health System Inc

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) West Virginia University Hospitals Inc	550643304	3	Yes		12,999,838	0
(A) United Hospital Center	550525724	3	Yes		6,132,469	0
(B) Camden-Clark Memorial Hospital	311524546	3	Yes		9,957,722	0

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
West Virginia United Health System Inc	55-0754713

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)?	Yes		
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?	Yes		3,231
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		124,714
j	Total Add lines 1c through 1i			127,945
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
II-B 1g	The amount shown here is based on a calculation of the hours the System CEO participated in lobbying related activities in 2014 amount equals hours multiplied by hourly pay rate
II-B 1i	Fees paid to public relation companies during 2014 that should be allocated to lobbying totaled 124,714

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Virginia United Health System Inc

Employer identification number
55-0754713

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☑ No

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

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

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

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

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

The percentages 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				
b Buildings				
c Leasehold improvements		92,968	92,881	87
d Equipment		367,963	310,167	57,796
e Other		67,566	66,682	884
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				58,767

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		
(3) Other (A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
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
(1) Investment in West Virginia United Health Insurance Services, Inc	200,000	C
(2) Investment in United Physicians Care	478,368	C
(3) Investment -Option Plan	688,220	C
(4) Investment - Insurance Annuity	79,096	C
(5) Land Purchased for investment	5,509,650	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	6,955,334	

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	
Federal income taxes	
Option Plan	688,220
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	688,220

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	1,549,343,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	90,710		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,539,573,403		
e	Add lines **2a** through **2d**			2e	1,539,664,113
3	Subtract line **2e** from line **1**			3	9,678,887
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	9,678,887

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	1,489,485,000
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	1,479,762,990		
e	Add lines **2a** through **2d**			2e	1,479,762,990
3	Subtract line **2e** from line **1**			3	9,722,010
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	9,722,010

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
X 2	The System accounts for uncertainty in income taxes using a recognition threshold of more likely than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met Management determined there were no tax uncertainties that met the recognition threshold in 2014 and 2013 The Systems policy is to recognize interest related to un recognized tax benefit in interest expense and penalties in operating expense
XI 2d	The financial statements for WVUHS are prepared on a consolidated basis, 1539,573,403 is the total consolidated adjustment to reconcile revenue shown on the audited financial statements, which includes all related entities, to the income reported on this return, which is only revenue generated by WVUHS See Schedule O Part IV line 12A for further explanation
XII 2d	The financial statements for WVUHS are prepared on a consolidated basis, 1,479,762,990 is the total consolidated adjustment to reconcile expenses shown on the audited financial statements, which includes all related entities, to the total expenses reported on this return, which are only expenses generated by WVUHS See Schedule O Part IV line 12A for further explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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

2014

Open to Public Inspection

Name of the organization
West Virginia United Health System Inc

Employer identification number
55-0754713

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 Domestic Organizations and Domestic Governments.

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 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) WVU Foundation 1 Waterfront Place Morgantown, WV 26507	55-6017181	501c3	1,028,500				Research Support
(2) DRWV Foundation 405 Capital Street Suite 512 Charleston, WV 25301	55-0725474	501c3	10,000				General Support

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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
Part I Line 2	WVUHS contributes money to local charitable organizations to help further the mission of the system through out the community WVUHS does not monitor the use of the donated funds In 2013 WVUHS agreed to provide support of Clinical Translational Research and the specifics aims of the Clinical Translational Research Grant Award from the National Institutes of Health-entitled West Virginia IDEA-CTR through the West Virginia University Foundation This agreement is for 5 years

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Virginia United Health System Inc

Employer identification number
55-0754713

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**		
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**		
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**		No
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), 501(c)(4), and 501(c)(29) organizations 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**		No
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**		

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 in column(B) 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 4b	During 2014, Christopher Colenda received distributions of 169,000 from a supplemental nonqualified retirement plan which were reported in W-2 box 5 for 2014 John Yeager received distributions of 31,899 from a supplemental nonqualified retirement plan which were reported in W-2 box 5 for 2014 Gary Murdock received CAA 457F vesting distributions of 9,175 which was reported in W-2 box 5 for 2014 and also deferred 8,141 of compensation in his CAA Plan 457F during 2014
Part I Line 4b	Rich King received CAA 457F vesting distributions of 12,949 which were reported in W-2 box 5 for 2014 Robert O Neil received CAA 457F vesting distributions of 30,396 45 which was reported in W-2 box 5 for 2014 and also deferred 12,355 of compensation in his CAA Plan 457F during 2014

Additional Data

Software ID: 14000292
Software Version: 14.4.1.0
EIN: 55-0754713
Name: West Virginia United Health System Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 J Thomas Jones, Former President/CEO	(I)	52,432		136,073		18,287	206,792	
	(II)							
1 John Yeager, CFO/VP Finance	(I)	477,443		72,194		8,420	558,057	
	(II)							
2 Robert O'Neil, VP Legal Services	(I)	369,893	67,960	49,872	12,355	22,226	522,306	30,396
	(II)							
3 Richard King, VP/CIO	(I)	81,880	16,994	8,980		5,891	113,745	
	(II)	191,053	39,654	20,952		13,746	265,405	
4 Steve Bowman, Director Procurement	(I)	169,843	17,325	1,616		836	189,620	
	(II)							
5 Christopher Colenda MD, President/CEO	(I)	806,051	193	239,058		2,536	1,047,838	
	(II)							
6 Christine Vaglienti, Associate Litigation Counsel	(I)	190,882	20,226	151		21,936	233,195	
	(II)							
7 Paul E Parker III, Associate General Counsel	(I)	168,542	18,858	414		18,224	206,038	
	(II)							
8 Elizabeth Walker, Associate General Counsel	(I)	191,813	18,678	438		21,543	232,472	
	(II)							
9 Gary Murdock, VP of Planning and External Affairs	(I)	120,923	15,943	27,847	8,141	11,131	183,985	
	(II)	120,923	15,943	27,847	8,141	11,132	183,986	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
West Virginia United Health System Inc	55-0754713

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 2 WVUHS facilities share information in clinical areas to streamline development of healthcare plans and implementation efforts Shared protocols include stroke care, developed at WVU Hospitals, a JCAHO-accredited Stroke Treatment Center, and shared with United Hospital Center and in modified form with West Virginia University Hospitals - East, Inc d/b/a University Healthcare facilities in the Eastern Panhandle interventional cardiology services angioplasties without on-site surgical back-up, developed at United Hospital Center, and shared with West Virginia University Hospitals - East, Inc d/b/a University Healthcare

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 3 WVUHS facilities continue to use a common patient satisfaction vendor, Press-Ganey, to allow for comparative review of results and to share best practices within the organization as well as those recommended by Press-Ganey On January 1, 2012 Camden Clark Medical Center CCMC was added to the WVUHS contract with Press-Ganey at discounted per survey rates available through the System that are attractive to CCMC

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 4 WVUHS facilities were the first hospitals in West Virginia to participate in Highmark Blue Cross Blue Shield Quality Blue program, which rewards hospitals for improving key clinical processes, as well as patient outcomes The Quality Blue program brought cohesion and sharing of best practices between hospital Quality Improvement staff

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 5 There is a focus on both quality care and satisfaction at the system level the WVUHS Board of Directors continuously looks at Clinical Quality and Patient Satisfaction dashboards which track results from each facility

Return Reference	Explanation
Form 990, Part IV, Line 12b	WVUHS chose to prepare Schedule D Parts XI - XII to reconcile the revenue and expenses shown on the consolidated audited financial statements to revenue and expenses for WVUHS shown on the Form 990 This is consistent with the prior year reporting By reconciling to the audited consolidated statements we allow for greater transparency in reporting

Return Reference	Explanation
Form 990, Part V, Line 2ab	The employees of the WVUHS are leased from a related entity, WVU Hospitals, Inc EIN 55-0643304 Under these terms, WVU Hospitals, Inc files all payroll tax filings

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1ab	Board members considered not independent are considered so because of compensation received from the organization

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Form 990 is prepared by the WVU Hospitals accounting department and is then submitted to be reviewed by the external independent audit firm of the System After the external review is completed the Form 990 is presented to the WVUHS CFO, upon approval from the CFO it is then presented to the audit committee and Board of Directors Once approved the Form 990 is submitted to the IRS

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	All Officers, Directors and Board Members are required to annually disclose any relationships which may give rise to a potential conflict of interest These responses are then tracked by the audit committee, when a conflict arises disclosure of the financial interest and all material facts is provided to the board, and after any discussion with the interested person, he/she shall leave the board or committee meeting while the determination of a conflict of interest is discussed and voted upon The remaining board or committee members shall decide if a conflict of interest exists If the remaining board or committee members decide a conflict exists, procedures outlined in the WVUHS Conflict of Interest Policy may be utilized

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15ab	The System engages an independent group to perform an executive compensation review and compensation survey every two years This information is provided to the compensation committee which is made up of independent board members who are then responsible for setting the compensation packages offered to each executive, ensuring that the compensation package does not exceed fair market value based on the data from the consultant group The minutes of the compensation committee are contemporaneously documented and retained A full compensation survey was completed in 2013 for 2014 compensation amounts, with data provided by the independent consultant to the compensation committee in 2013 Interim data is provided to the committee on a case by case basis

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	All financial and governing documents along with Board of Director Conflict of Interest statements are made available during regular business hours at the business office In accordance with West Virginia Legislative code every member of the board shall file a written statement, which shall be fully available for public disclosure, with the appropriate chairman of the board

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1-29	The employees of the WVUHS are leased from a related entity, WVU Hospitals, Inc EIN 55-0643304 WVUHS reimburses WVUH for salary, benefits, and applicable taxes for WVUHS employees and for a portion of compensation paid to Richard King and Gary Murdock as their time is split between WVUHS and WVUH Those salary expenses are reflected in Part IX Line 5 of this return

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1	WVUHS receives and pays invoices for Legal and Accounting Services that have been provided to all system entities Based on an allocation agreed upon by all entities, the System then bills each entity for their respective portion of that service and the expense is offset by the reimbursements The amounts reported in Part IX - Statement of Functional Expenses Line 11b and 11c reflect the portion of legal and accounting expense attributable to WVUHS

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets reported on line 9 consists of reimbursements to member hospitals for capital items in the amount of 56,345

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Virginia United Health System Inc

Employer identification number
55-0754713

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

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
See Additional Data Table							

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) West Virginia United Insurance Services 1000 Technology Drive Suite 2320 Fairmont, WV 26554 55-0756055	Healthcare Contracting	WV	WV United Health System	C Corp			100 000 %	Yes	
(2) Allied Health Services Inc PO Box 782 Morgantown, WV 26507 55-0652017	Outpatient Lab	WV	WV United Health System	C Corp			100 000 %	Yes	

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

		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		No
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		No
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		No
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		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		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
(1) West Virginia University Hospitals Inc	q	4,603,238	Cash Value
(2) United Hospital Center Inc	q	1,258,824	Cash Value
(3) Camden-Clark Memorial Hospital Corporation	q	1,480,084	Cash Value

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: 14000292
Software Version: 14.4.1.0
EIN: 55-0754713
Name: West Virginia United Health System 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	(g) Section 512(b)(13) controlled entity? No
(1) West Virginia University Hospitals Inc PO Box 8034 Morgantown, WV 26506 55-0643304	Patient Care Services	WV	501C3	3	WV United Health System	Yes	
(1) United Hospital Center 327 Medical Park Drive Bridgeport, WV 26330 55-0525724	Patient Care Services	WV	501C3	3	WV United Health System	Yes	
(2) United Physicians Care Inc 686 South Pike Street Shinnston, WV 26431 55-0638563	Patient Care Services	WV	501C3	3	N/A		No
(3) WVUH East Inc 2000 Foundation Way Martinsburg, WV 25401 20-2337985	Healthcare Support	WV	501C3	11 a	West Virginia University Hosptials Inc		No
(4) City Hospital Inc 2000 Foundation Way Martinsburg, WV 25401 55-0383321	Patient Care Services	WV	501C3	3	West Virginia University Hosptials - East Inc		No
(5) Jefferson Memorial Hospital Inc 2000 Foundation Way Martinsburg, WV 25401 55-0359755	Patient Care Services	WV	501C3	3	West Virginia University Hosptials - East Inc		No
(6) University Healthcare Foundation 2000 Foundation Way Martinsburg, WV 25401 31-1118075	Healthcare Support	WV	501C3	11 a	N/A		No
(7) United Hospital Foundation 327 Medical Park Drive Bridgeport, WV 26330 55-0621706	Hospital Support	WV	501C3	11a	N/A		No
(8) WV Health Care Co-Op PO Box 8059 Morgantown, WV 26506 55-0650441	Support	WV	501C3	11 a	WV United Health System	Yes	
(9) United Summit Center 6 Hospital Plaza Clarksburg, WV 26301 55-0752788	Behavioral Health	WV	501C3	3	N/A		No
(10) Camden-Clark Health Services 800 Garfield Ave Parkersburg, WV 26102 55-0769602	Healthcare Access	WV	501C3	11 a	N/A		No
(11) Camden-Clark Foundation 800 Garfield Ave Parkersburg, WV 26102 55-0667789	Hospital Support	WV	501C3	11 a	N/A		No
(12) Camden-Clark Memorial Hospital Corporation 800 Garfield Ave Parkersburg, WV 26102 31-1524546	Patient Care	WV	501C3	3	WV United Health System	Yes	
(13) Camden-Clark Physician Corp 604 Ann Street Parkersburg, WV 26102 26-4058719	Patient Care	WV	501C3	11 a	N/A		No
(14) Potomac Valley Hospitals of WVa Inc 100 Pin Oak lane Keyser, WV 26726 55-0420956	Patient Care Services	WV	501C3	3	West Virginia University Hosptials Inc		No

UNITED WAY STORE

OFFICIAL SOURCE FOR UNITED WAY BRANDED PRODUCTS

LIVE UNITED

LIVE UNITED

United Way

LIVE UNITED

2A.

2D.

2A. LIVE UNITED V-Neck T-Shirt
Preshrunk 4.5 oz. 100% 30 singles ringspun cotton Seamless, mitered, V-neck collar, double-needle stitched neckline and sleeves, quarter turned, shoulder-to-shoulder taping S-3X Import Imprint White **216703**
Ladies' version also available on UnitedWayStore.com

1-143	144-287	288+
$8.40	**$8.20**	**$7.95**

2B. Black LIVE UNITED Event Tee
The iconic white T-shirt now has a partner. Preshrunk, 5.4 oz., 100% cotton. LIVE UNITED printed on front, United Way logo on back nape of neck. S-4X Import Black **172966**
Ladies' version also available on UnitedWayStore.com

1-143	144-287	288+
$6.00	**$5.85**	**$5.70**

2C. LIVE UNITED Event Tee
These LIVE UNITED T-shirts are perfect for your United Way and corporate events. LIVE UNITED T-shirt represents a commitment to giving, advocating, and volunteering. LIVE UNITED is printed on front, with black United Way logo printed on back nape of neck. S-4X Import Imprint White **172971**
Ladies' version also available on UnitedWayStore.com

1-143	144-287	288+
$4.25	**$4.50**	**$4.05**

2D. LIVE UNITED Rolled Visor Cap
Cotton twill and polyester sport mesh. Mesh undervisor fabric rolls over top edge, fabric strap with hook-and-loop closure. Import. Embroidery. Charcoal/Royal **213802**

1-11	12-143	144+
$3.40	**$3.30**	**$3.20**

Larger apparel sizes may be available at unitedwaystore.com. Prices may vary

2E. Woven Bracelet – 10 Pack
Flexible plastic with polyester fabric face. Imprint. Poly bagged. Black **214510**

1-149	150-299	300+
$7.05	**$6.85**	**$6.65**

2F. Mobile Charger
Plastic case holds rechargeable 2400mAh lithium battery with micro USB power cord, micro USB and USB ports. Does not include iPhone charging cord. Charges at 1Ah, may not be compatible or ideal for your mobile or tablet device. Please consult your device owner's manual to review power consumption requirements. 2¼" x 4¼" x ¾" Gift boxed. Imprint White **214509**

1-24	25-49	50+
$8.10	**$7.90**	**$7.70**

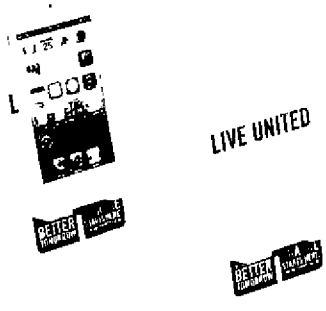
2G. Ballpoint Pen/Stylus/Light
Aluminum base pen has capacitive rubber touchscreen stylus, ballpoint pen and LED light. Cap off design. Medium ballpoint, black ink. Includes battery. Poly bagged. Laser engraved. Black **214025**

1-49	50-99	100+
$3.00	**$2.90**	**$2.85**

2H.

2H. T-Shirt Rally Towel
T-shirt-styled 100% polyester rally towel. 17" x 17" Imprint White **214572**

1-249	250-499	500+
$2.75	**$2.70**	**$2.60**



2I. T-Shirt Phone Stand
Angled plastic phone stand has dry-erase coating and gloss finish. Allows use with charger. contains 25% recycled material. 5" x 7¼" Imprint White **214742**

1-49	50-99	100+
$3.30	**$3.20**	**$3.15**

2I.

3A.

3B

3A. Men's Baselayer Pullover

Moisture wicking, 7.5 oz., 100% polyester with contrasting side panels. Quarter-zip front, contoured seams for athletic fit. S-3X. Import. Transfer: Black. **213618**

1-11	12-47	48+
$23.10	**$22.45**	**$21.85**

3B. Ladies' Baselayer Pullover

Moisture-wicking, 7.5 oz., 100% polyester with contrasting side panels. Quarter-zip front, contoured seams for flattering fit. S-2X. Import. Transfer: Black. **213639**

1-11	12-47	48+
$23.10	**$22.45**	**$21.85**

**Larger apparel sizes may be available at unitedwaystore.com. Prices may vary.*

GREAT THINGS HAPPEN

3C.

3D

3E.

3F.

3C. Color Change Bottle

Durable HDPE plastic turns from frost to blue when cold liquid is added. BPA free, leak resistant, screw-top cap with wide mouth and push-pull cap. Holds 24 oz. Not microwave or dishwasher safe. Assembled in USA. Imprint: Frost/Blue **214029**

1-74	75-149	150+
$1.75	**$1.70**	**$1.66**

3D. 16oz. Como Tumbler

Foam insulated, double wall tumbler has stainless steel shell and plastic liner. Push on, drink-through lid. BPA-free. Holds 16 oz. Hand wash only, do not microwave. Gift boxed. Imprint: White **214028**

1-35	36-71	72+
$5.20	**$5.10**	**$4.95**

3E. 16oz. Geo Tumbler

16 oz double wall acrylic tumbler with colored geometric inner liner and push-on dual purpose swivel lid. Imprint: Orange **214457**

1-35	36-71	72+
$6.25	**$6.10**	**$5.90**

3F. Great Things Happen T-Shirt

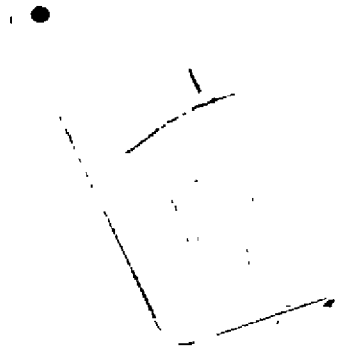
Preshrunk, 5 oz., 100% cotton. Seamless ribbed collar, double needle stitched sleeve and bottom hems; taped shoulder to shoulder. S-3X. Import. Imprint: Charcoal Gray **216701**

1-143	144-287	288+
$7.00	**$6.80**	**$6.65**

3G. Tech Phone Wallet

Soft, silicone rubber material uses 3M adhesive to attach to back of a cell phone. Sized for cards 2¼" x 3½". Imprint: Orange **214039**

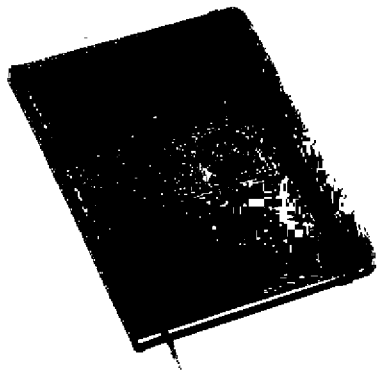
1-124	125-249	250+
$1.27	**$1.24**	**$1.20**



3G.

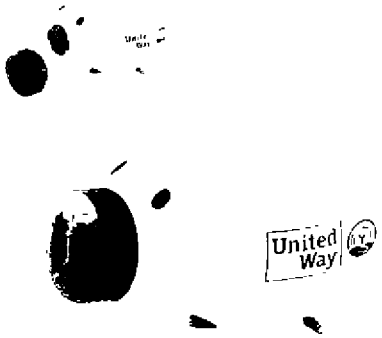
EDUCATION. INCOME. HEALTH.

4A.



4B.

4C.



4D.

4E.

4F.

4A. Chevron Shopper Tote
600-denier polyester. Open top, front slash pocket. 24" shoulder straps. 15½" x 12" x 6". Imprint: Blue. **214046**

1-61	62-124	125+
$2.05	**$1.98**	**$1.93**

4B. 5x7 Journal Notebook
Vinyl cover holds 80-page lined notebook. Matching color ribbon bookmark and elastic strap closure. 5" x 7". Cello-wrapped. Imprint: Blue. **214033**

1-49	50-99	100+
$2.30	**$2.25**	**$2.15**

4C. Pencil Sharpener/Eraser – 10 Pack
Round plastic case holds pencil sharpener in end. Remove bottom to expose eraser and remove top to empty pencil shavings. Imprint: Blue/White. **214042**

1-11	12-24	25+
$8.65	**$8.40**	**$8.20**

4D. Piggy Bank
Plastic piggy bank has slot in top and removable nose for coin retrieval. 6½" x 4". Imprint: Blue. **214044**

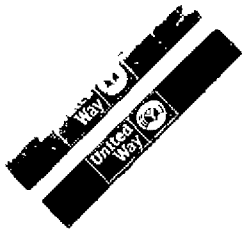
1-21	22-49	50+
$3.40	**$3.30**	**$3.20**

4E. Glitter Flyer
Plastic with silver glitter embedded. 9" diameter, 85 grams. Assembled in USA. Imprint: Blue. **214043**

1-99	100-199	200+
$0.91	**$0.89**	**$0.86**

4F. Paper Mouse Pad
Light mousing texture paper. Rounded corners, sealed top and right side, background designs. 7½" x 8". Assembled in USA. Imprint: White. **214460**

1-61	62-124	125+
$2.35	**$2.30**	**$2.25**

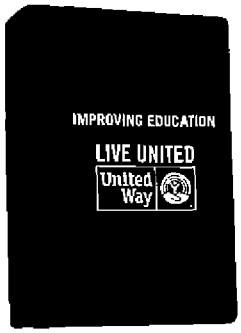


5A.

5B.

5C.

5D.



5E

5F.

5G.

5A. Crystal Gel Pen – 20 Pack

Contoured plastic barrel with stylized accents. Click action. 10 Blue and 10 Smoke. Blue ink, medium gel point. Imprint Blue/Black. **214497**

1-14	15-29	30+
$11.40	**$11.10**	**$10.80**

5B. Traverse Ballpoint Stylus

High gloss finish on aluminum base barrel with 3D geometric shapes on lower barrel. Rubberized touchscreen stylus end, twist action. Black ink, medium ballpoint. Gift boxed. Laser engraved. Silver. **214026**

1-11	12-23	24+
$5.00	**$4.90**	**$4.75**

5C. Salon Nail Board – 10 Pack

Board has professional quality foam comfort insert. Two abrasion levels of laminated European emery paper. 3¼" x 3" Imprint White. **214041**

1-9	10-19	20+
$8.25	**$8.00**	**$7.80**

5D. 17oz. Curve Water Bottle

Impact-resistant, BPA free Tritan™ copolyester bottle in grooved grip design won't retain odor or flavors. Wide mouth, screw on lid with flip straw opening, carry loop. Dishwasher safe. Holds 24 oz. Union assembled in USA. Imprint Blue. **214507**

1-49	50-99	100+
$4.10	**$4.00**	**$3.85**

5E. Book Stress Reliever – 10 Pack

Book-shaped polyfoam relieves stress. 2½" x 3½" Imprint Black. **214499**

1-6	7-14	15+
$15.65	**$15.25**	**$14.80**

5F. House Stress Reliever – 10 Pack

House-shaped polyfoam relieves stress. 3" x 2⅞" x 2¾" Imprint White/Gray. **214498**

1-6	7-14	15+
$22.55	**$21.90**	**$21.30**

5G. Apple Stress Reliever – 10 Pack

Apple-shaped polyfoam relieves stress. 3" diameter. Imprint Red. **214459**

1-6	7-14	15+
$13.65	**$13.30**	**$12.95**

LAPEL PINS

1.

2.

6A.

6B

6A. Tocqueville Pins
Die-struck polyhard finish with magnetic back. Includes gift box. Import. Imprint: Gold

1. **United Way Pin** ¾" wide **212398**

   1+

   $4.15

2. **Society Pin** 1¼" wide **212407**

   1+

   $4.40

6B. LU/UW Logo Pin Silver – 100 Pack
An affordable token of thanks for those who give, advocate, and volunteer. Silver finished. Now sold in sets of 100. LIVE UNITED United Way logo. Size: 3/4" by 5/8" Assembled in the USA. Cast. Silver with military clutch pin

1+

$59.94

WOMEN'S LEADERSHIP ITEMS

6C

6C. Women's Leadership V-Neck
Soft, enzyme washed, 3.7 oz., 100% ringspun cotton in fine jersey knit. V-neck with rib-knit trim, short sleeves, flattering contour fit. S-2X. Import. Rhinestones. Black. **213740**

1-6	12-47	48+
$15.55	**$15.15**	**$14.75**

6D. WLC Large Pins
Die struck pin has bar pin. 1" x 2". Includes velour jewelers gift box. Cast. Assembled in USA

1. **Gold Pin** Gold **174246**

1-49	50-99	100+
$10.00	**$9.75**	**$9.50**

2. **Silver Pin** Silver **174247**

1-49	50-99	100+
$10.00	**$9.75**	**$9.50**

6E. Women's Leadership Wallet
Silicone wallet with 3M adhesive adheres to back of cell phone. Holds up to three credit cards, a driver's license, a hotel room card key. Wallet is deactivation safe for business cards. RFID. 1⅝" x 2¾" Import. Imprint: Black. **191764**

1-23	24-47	48+
$4.20	**$4.05**	**$3.95**

6F. Women's Leadership Scarf
Silky 100% polyester. Hemmed edges. 11" x 58" Designed by Diane Katzman. Import. Embossed. Black/Gray. **191978**

1-11	12-47	48+
$22.45	**$21.85**	**$21.25**

1.

2

6D.

6E.

6F.

All Natural Lip Balm – 191757 – As low as $0.87 each

Round Message Button – 30 Pack – 174261 – As low as $0.34 each

Drawstring Bag – 5 Pack – 191622 – As low as $1.46 each

Rally Stix – 191650 – As low as $1.22 each

Reusable Gift Bag – 10 Pack – 191838 – As low as $0.75 each

Crystal Gel Pen – 20 Pack – 214497 – As low as $0.54 each

T-Shirt Key Light – 214585 – As low as $2.55 each

LIVE UNITED Sili Band – 25 Pack – 191707 – As low as $0.36 each

Live United Sunglasses – 191655 – As low as $1.80 each

Magnetic T-Shirt Bookmark – 174076 – As low as $0.45 each

Tech Cleaning Cloth – 191881 – As low as $2.20 each

Colorama Ballpoint Pen – 214024 – As low as $0.36 each

Reusable Shopper Tote – 5 Pack – 191754 – As low as $1.47 each

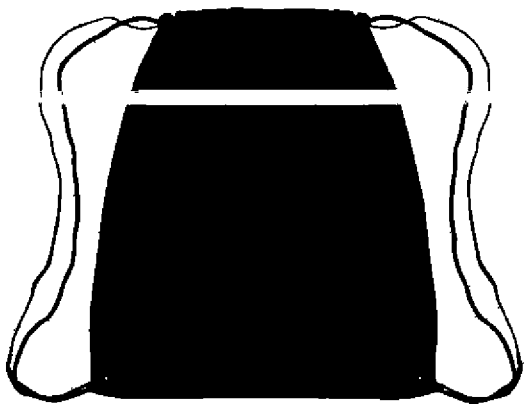
Teamwork Football – 173624 – As low as $2.00 each

For complete copy and product information, please visit UnitedWayStore.com

WE DELIVER.

LOCALIZATION

STEP 1

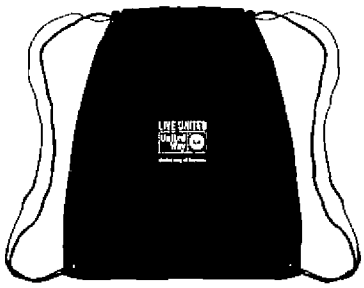


STEP 2

STEP 3

More information about localization options available at UnitedWayStore.com.

LOCALIZATION



9A.

9B

LIVE UNITED

9C

9D.

LOCALIZATION (DI). Add your Local United Way *organization name to the following items* by following the localization personalization steps on UnitedWayStore.com. Add your Local United Way Organization name and URL if desired. Line length and line count varies with each product.

9A. Drawstring Bag – DI

Drawstring pack in 210 denier nylon with black simulated leather trim at corners. 14" x 18" Imprint Blue. **191706**

100-199	200+
$1.54	**$1.50**

9B. Ballpoint Pen – DI

Plastic barrel. Click-action mechanism. Medium point, black ink. Assembled in USA. Full color imprint. White/Blue **214024**

300-599	600+
$0.36	**$0.30**

9C. Localized Event Tee – DI

Pre-shrunk, 100% cotton. Seamless ribbed collar, double-needle stitched sleeve and bottom hems, taped shoulder-to-shoulder. LIVE UNITED logo front chest and United Way on back yoke. Product ships in 10 to 14 business days. S-2X Import. Imprint White **172701**

288+
$4.40

9D Black Localized Event Tee – DI

Preshrunk, 5 oz., 100% cotton. Seamless ribbed collar, double needle stitched sleeve and bottom hems, taped shoulder-to shoulder. S-3X. Import. Imprint Black. **192062**

288+
$5.99

AWARDS

9E.

9F.

9E Marble Thank You Award

Heavy marble base is topped with color image aluminum plate. 6" x 3" x ¾" Imprint Black. **214748**

1-2	3-5	6+
$24.20	**$23.55**	**$22.90**

9F. Lucite Paperweight

High clarity acrylic block. 3" x 3" x ¾" Imprint Clear. **214747**

1-2	3-5	6+
$13.85	**$13.50**	**$13.10**

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APPAREL

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to see the complete United Way merchandise collection

10A. Long Sleeve Baseball Jersey

Preshrunk 4.2 oz., fine-combed, ringspun 52% cotton 48% polyester jersey. Contrast color raglan sleeves, ribbed cuffs, double needle stitched neckline and bottom hem, side seamed. S-2X. Import. Imprint: Heather Navy Midnight **213739**

1-11	12-47	48+
$15.25	**$14.80**	**$14.40**

10B. United Way Colorway Cap

Cotton twill. Fabric strap with hook-and-loop closure. Import. Embroidery, contrast visor stitching and embroidery accents. Royal/Sky Blue **213809**

1-11	12-143	144+
$5.20	**$5.05**	**$4.90**

10C. Vintage Crewneck Sweatshirt

Low pill, high stitch density, 7.8 oz., 50% cotton 50% polyester fleece. Set-in sleeves, ribbed cuffs and waistband, double needle stitched neckline and armholes. S-3X. Import. Imprint: Light Steel **216687**

1-11	12-47	48+
$12.50	**$12.15**	**$11.80**

10D. Ladies' Colorblock Tee

Durable, vintage heathered, 4.4 oz., 50% polyester/37.5% cotton/12.5% rayon in 30 singles. Rib knit crewneck, double-needle stitched sleeves and bottom hem. Made for District. LS-L2X. Import. Imprint: Maritime Heather **213738**

1-143	144-287	288+
$12.45	**$12.10**	**$11.80**

10E. Nike Golf Micro Pique Polo

Moisture wicking Dri-FIT, 4.4 oz. 100% polyester pique. Flat knit collar, three-button placket, hemmed sleeves, embroidered Swoosh on left sleeve. S-3X. Import. Embroidery: Blue Sapphire **213695**

1-5	6-47	48+
$36.30	**$35.30**	**$34.35**

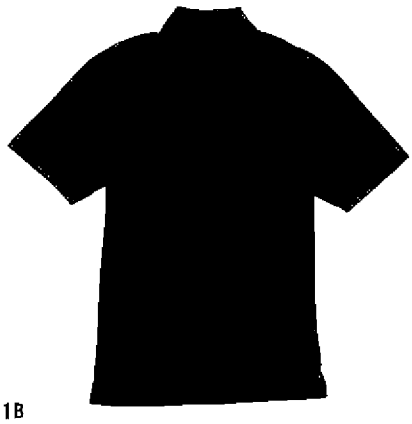
10F. Ladies' Button Cardigan

Stretch, 5.6 oz., 58% cotton 38% Modal/4% spandex knit. Modal is a soft natural fiber with the moisture absorbing qualities of cotton and the luster of silk as well as resistance to shrink and fading. Shallow scoop-neck, eight button cardigan placket with dyed-to-match buttons, long sleeves, double needle hem. Gently contoured silhouette. Made for Port Authority. S-2X. Import. Embroidery: Black **213693**

1-11	12-47	48+
$26.30	**$25.60**	**$24.90**

**Larger apparel sizes may be available at unitedwaystore.com. Prices may vary.*

11A.



11B

11C

11D.

11E.

11F

11A. Cadet Collar 1/4 Zip

Lightweight, soft, 7.2 oz., 80% ringspun cotton/20% polyester fleece. Quarter-zip front, rib-knit cuffs and waistband, triple needle stitching. S-3X. Import. Imprint: Vintage Black. **216786**

1-11	12-47	48+
$24.90	**$24.20**	**$23.55**

11B. Men's Heather Contender Polo

Moisture-wicking, lightweight, 3.8 oz., 100% polyester heather jersey. Self-fabric collar, three button placket with dyed-to-match buttons. Made for Sport-Tek. S-3X. Import. Transfer: Graphite Heather. **213658**

1-11	12-47	48+
$16.60	**$16.15**	**$15.70**

11C. Heather Jersey Tee

4.2 oz., 100% combed ringspun oversstitched collar and hemmed sleeves. Custom contour fit. S-3X. Import. Imprint: Heather Navy. **216697**

1-143	144-287	288+
$9.65	**$9.35**	**$9.10**

11D. LIVE UNITED Side Panel Cap

Cotton twill. Fabric strap with hook-and-loop closure. Import. 3D wrap embroidery on left side, embroidery on back. Royal. **213812**

1-11	12-143	144+
$5.55	**$5.40**	**$5.25**

11E. LIVE UNITED Charc/Royal Cap

Cotton twill. Fabric strap with hook-and-loop closure. Import. 3D embroidered twill patch, embroidery on left side. Charcoal/Royal. **213816**

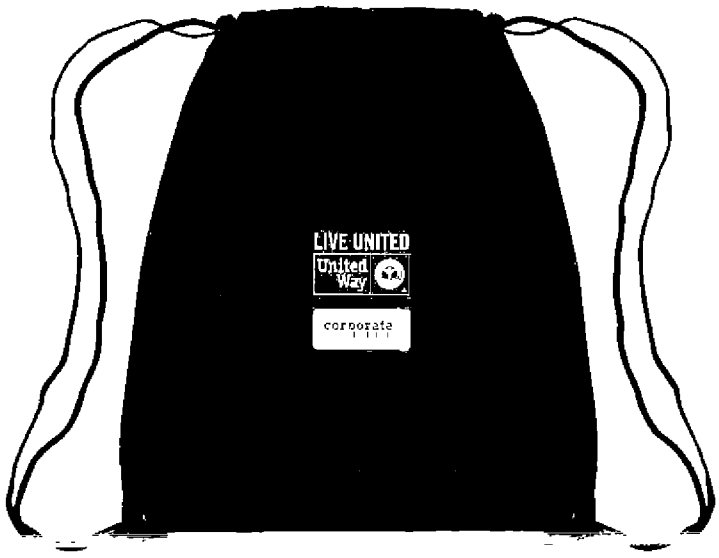
1-11	12-143	144+
$5.65	**$5.45**	**$5.30**

11F. Vintage Brandmark T-shirt

Preshrunk, 5 oz., 100% cotton. Seamless ribbed collar, double-needle stitched sleeve and bottom hems, taped shoulder-to-shoulder. S-3X. Import. Imprint: Retro Heather Royal. **216691**

1-143	144-287	288+
$6.50	**$6.35**	**$6.15**

CORPORATE PARTNER co-branding.



LIVE UNITED

minimum orders apply.

A portion of your purchase through United Way Store is returned to the United Way system, helping to fund its work advancing the common good.

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