

IN THE CIRCUIT COURT OF BERKELEY COUNTY, WEST VIRGINIA

UNIVERSITY HEALTHCARE FOUNDATION, INC.  
f/k/a CITY HOSPITAL FOUNDATION, INC.,

*Petitioner,*

v.

Civil Action No. 15-AA- 6

LARRY A. HESS, ASSESSOR  
OF BERKELEY COUNTY, WEST VIRGINIA, and  
MARK W. MATKOVICH,  
STATE TAX COMMISSIONER,

*Respondents.*

**PETITION APPEALING DENIAL OF  
2015 AD VALOREM PROPERTY TAX EXEMPTION**

BERKELEY COUNTY  
CIRCUIT CLERK  
2015 MAR 24 PM 3:39  
VIRGINIA SINE CLERK

COMES NOW the Petitioner, by counsel, pursuant to West Virginia Code Sections 11-3-24a and 11-3-25, and it does represent unto this Honorable Court as follows:

1. That the Petitioner and the Respondents (collectively, the "Parties") are litigating a certain civil action pending before the Circuit Court of Berkeley County, West Virginia, Business Court Division, Case No. 14-AA-4, styled *University Healthcare Foundation, Inc. f/k/a City Hospital Foundation, Inc. v. Larry A. Hess, Assessor of Berkeley County, West Virginia and Mark W. Matkovich, State Tax Commissioner* (the "2014 Case").

2. That the 2014 Case involves the Petitioner's contention that a certain parcel of its real property in Berkeley County, West Virginia, known as the Dorothy A. McCormack Cancer Treatment and Rehabilitation Center (the "DMC") is exempt from *ad valorem* property tax for tax year 2014, which contention the Respondents oppose.

3. That the Petitioner asserts the same contention with respect to the tax exemption issue for tax year 2015, to-wit: that the DMC is exempt from *ad valorem* property taxes, a contention which the Respondents oppose.

4. That, by instrument dated February 9, 2015, and fully executed and agreed to by the Parties on February 26, 2015, the Parties entered into a certain Agreement and Stipulations (the "Agreement") whereby, in order to preserve their respective positions as to the tax exemption issue for the DMC for tax year 2015, and in the interests of efficient and economical use of administrative and judicial resources, the Parties agreed to, and stipulated, as follows:

a. As provided in section twenty-four-a, article three, chapter eleven of the West Virginia Code (herein referred to as "WV Code §11-3-24a"), for tax year 2015 purposes, and within the times set forth therefore, but without the necessity of taking any further actions: (a) the Petitioner shall be deemed to have timely applied to the Respondent Assessor for information regarding the taxability of the DMC; (b) the Respondent Assessor shall be deemed to have timely ruled that the DMC is taxable for such purposes; (c) the Petitioner shall be deemed to be dissatisfied with the Respondent Assessor's ruling and shall be deemed to have timely requested the Assessor to certify the tax exemption issue to the Respondent Tax Commissioner, using the forms and procedures established by the Tax Commissioner for the same; (d) the Respondent Assessor shall be deemed to have timely acted fully on such request and to have timely certified the tax exemption issue and (e) the Respondent Tax Commissioner shall be deemed to have timely made a ruling against the Petitioner with respect to the tax exemption issue, to-wit: that the DMC is taxable for tax year 2015.

b. All of the deemed actions of the Parties, described in paragraph 4.a, above, shall have been done on the basis of the positions they have taken, the authorities they have cited and the evidence they have presented, all as contained in the record of the 2014 Case, all of which, including the documents filed, exhibits admitted and testimony given, the Parties stipulate, are hereby incorporated by reference herein.

c. The facts, material to the administrative disposition of the tax exemption issue for 2015 tax year purposes, are the same as the facts in the record of the 2014 case except: (a) the Petitioner's use of the DMC and of its other real property in Berkeley County as of July 1, 2014, is as shown on Exhibit A to the Agreement, and (b) the Petitioner's Form 990 for calendar year 2013 is attached as Exhibit B to the Agreement.

d. Upon the express condition that, within the time allowed for the same in WV Code §§11-3-24a and 11-3-25, the Petitioner acts to perfect an appeal to the Circuit Court of Berkeley County, West Virginia, of the Respondent Tax Commissioner's deemed ruling, described in subsection (e) of paragraph 4.a, above, the Parties shall jointly take such actions necessary to seek an Order of the West Virginia Supreme Court of Appeals transferring said appeal to the Business Court Division and consolidating it with the 2014 Case for final disposition according to such proceedings as the Court may direct.

e. Except as otherwise provided in the Agreement, nothing shall prohibit the right of any of the Parties from making any arguments, asserting any legal points, citing any legal authorities, or presenting any further evidence with respect to the tax exemption issue for the DMC for tax year 2015.

5. A true and correct copy of the Agreement and Stipulations dated February 9, 2015 and executed by the Parties on February 26, 2015, including the Exhibits attached to and incorporated therein, is attached hereto as **Petition Exhibit 1**.

6. Pursuant to the above-described Agreement, the Petitioner further alleges as follows:

a. That the Petitioner is aggrieved by the actions of the Respondent Assessor in denying the Petitioner's timely application for exemption from 2015 *ad valorem* property taxes of certain improved real property owned by the Petitioner, situate in Martinsburg District, Berkeley County, West Virginia, consisting of 5.71 acres, assessed in the name of Gateway Foundation, Inc.<sup>1</sup> and being described in the land records of Berkeley County as Map 4D, Parcel 1.1, including ten (10) subparcels separately identified by the Assessor as 1.1.3001 (Suite 1100), 1.1.3002 (Suite 2100), 1.1.3003 (Suite 2400), 1.1.3004 (Suite 3200), 1.1.3005 (Suite 3300), 1.1.3006 (Suite 3500), 1.1.3007 (Suite 2200), 1.1.3008 (Suite 3100), 1.1.3010 (Suite 3650), and 1.1.3013 (Suite 1200) (collectively, the "DMC").<sup>2</sup>

b. That the Petitioner is also aggrieved by the actions of the Respondent Tax Commissioner, which ruled, upon timely application of the Petitioner, that the DMC is not exempt from 2015 *ad valorem* property taxes under West Virginia Code Section 11-3-9.

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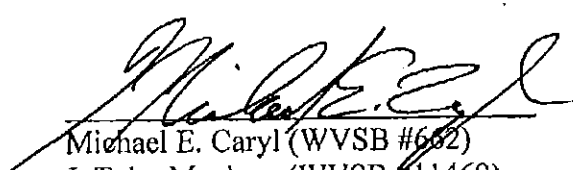
<sup>1</sup> The Petitioner was incorporated under the name of Gateway Foundation, Inc. By Certificate of Amendment to the Petitioner's Articles of Incorporation dated October 12, 2004, the Petitioner's name was changed to City Hospital Foundation, Inc. Subsequently, by Certificate of Amendment to the Petitioner's Articles of Incorporation dated December 23, 2013, the Petitioner's name was changed to University Healthcare Foundation, Inc.

<sup>2</sup> The Petitioner has not received prior tax year tickets for, and is unaware of whether the Respondent Assessor has assigned sub-parcel numbers 1.1.3009, 1.1.3011, and/or 1.1.3012 to any property. The Petitioner seeks tax exemption for the entire DMC, which is generally described by the Assessor as one parcel referred to as "06-4D-1.1," including not only the residue of Map 4D, Parcel 1.1., but also the above-listed sub-parcels and any other portion of the DMC that is or may be separately identified by the Assessor in the land records.

c. That the factual and legal basis for the Petitioner's application, the Respondent Assessor's denial thereof, and the Respondent Tax Commissioner's ruling are as set forth in the record of the 2014 Case, as supplemented by the facts and stipulations of the Parties set forth in the Agreement.

WHEREFORE, Petitioner prays that this Honorable Court: (a) recommend that this matter be referred to the Business Court Division and consolidated with that certain case pending before the Circuit Court of Berkeley County, West Virginia, Business Court Division, Case No. 14-AA-4, styled *University Healthcare Foundation, Inc. f/k/a City Hospital Foundation, Inc. v. Larry A. Hess, Assessor of Berkeley County, West Virginia and Mark W. Matkovich, State Tax Commissioner*; (b) overrule and reverse the Respondent Assessor's denial of the Petitioner's application for exemption of the DMC from 2015 *ad valorem* property taxes; (c) overrule and reverse the Respondent Tax Commissioner's ruling against the Petitioner with respect to the tax exemption issue, to-wit: that the DMC is taxable for tax year 2015; and (d) determine that the DMC is exempt for 2015 *ad valorem* property tax purposes as provided in West Virginia Code Section 11-3-9.

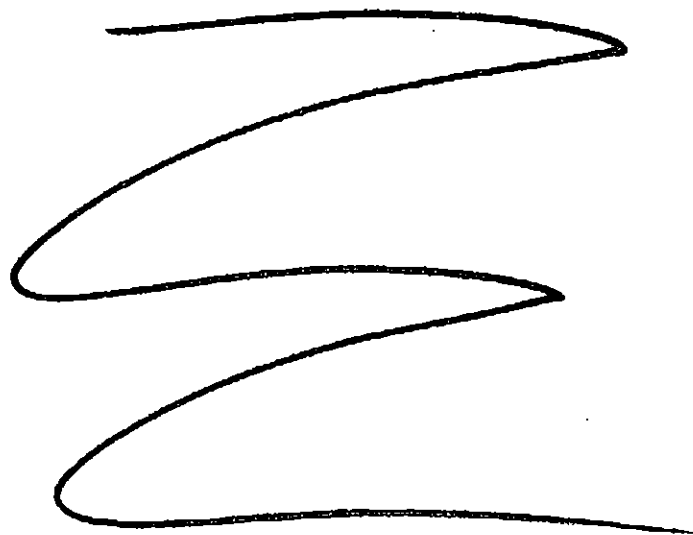
UNIVERSITY HEALTHCARE  
FOUNDATION, INC., f/k/a CITY  
HOSPITAL FOUNDATION, INC.  
PETITIONER  
By Counsel



Michael E. Caryl (WVSB #662)  
J. Tyler Mayhew (WVSB #11469)  
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# PETITION EXHIBIT 1



### AGREEMENT AND STIPULATIONS

This Agreement made effective the 9th day of February, 2015, by and among University Healthcare Foundation, Inc., a charitable, non-profit West Virginia corporation (referred to herein, as the "Foundation"), the Honorable Larry A Hess, Assessor of Berkeley County, West Virginia (referred to herein, as the "Assessor") and the Honorable Mark W. Matkovich, Tax Commissioner of the State of West Virginia (referred to herein as the "Tax Commissioner"), (the Foundation, the Assessor and the Tax Commissioner, collectively herein referred to as the "Parties").

WHEREAS, the Parties are, respectively, the Petitioner (the Foundation) and the Respondents (the Assessor and the Tax Commissioner) in a certain civil action currently pending before the Circuit Court of Berkeley County, West Virginia, Business Court Division, styled: *University Healthcare Foundation, Inc. f/k/a City Hospital Foundation, Inc. v Larry A. Hess, Assessor of Berkeley County, West Virginia, and Mark W. Matkovich, State Tax Commissioner, Case No. 14-AA-4*, (herein referred to as the "2014 Case"), and

WHEREAS, the 2014 Case involves the Foundation's contention, that a certain parcel of its real property in Berkeley County, West Virginia, known as the Dorothy A. McCormack Cancer Treatment and Rehabilitation Center (hereinafter referred to as the "DMC") is exempt from *ad valorem* property tax for tax year 2014, which contention, the Assessor and the Tax Commissioner oppose (herein referred to as the "tax exemption issue"), and

WHEREAS, the Foundation desires to assert the same contention with respect to the tax exemption issue with respect to tax year 2015, to-wit: that the DMC is exempt from *ad valorem* property taxes, and, the Assessor and Tax Commissioner desire to oppose that contention, and

WHEREAS, in order to preserve their respective positions as to the tax exemption issue for tax year 2015, and in the interests of efficient and economical use of administrative and judicial resources, the Parties have made the following covenants and stipulated as follows:

NOW, THEREFORE, in consideration of their hereinafter recited mutual covenants, the Parties stipulate and agree as follows:

1. As provided in section twenty-four-a, article three, chapter eleven of the West Virginia Code (herein referred to as "WV Code §11-3-24a"), for tax year 2015 purposes, and within the times set forth therefore, but without the necessity of taking any further actions: (a) the Foundation shall be deemed to have timely applied to the Assessor for information regarding the taxability of the DMC; (b) the Assessor shall be deemed to have timely ruled that the DMC is taxable for such purposes; (c) the Foundation shall be deemed to be dissatisfied with the Assessor's ruling and shall be deemed to have timely requested the Assessor to certify the tax exemption issue to the Tax Commissioner, using the forms and procedures established by the Tax Commissioner for the same; (d) the Assessor shall be deemed to have timely acted fully on such request and to have timely certified the tax exemption issue and (e) the Tax Commissioner shall be deemed to have timely made a ruling against the Foundation with respect to the tax exemption issue, to-wit: that the DMC is taxable for tax year 2015.

2. All of the deemed actions of the Parties, described in paragraph 1. above, shall have been done on the basis of the positions they have taken, the authorities they have cited and the evidence they have presented, all as contained in the record of the 2014 Case, all of which, including the documents filed, exhibits admitted and testimony given, the Parties stipulate, are hereby incorporated by reference herein.

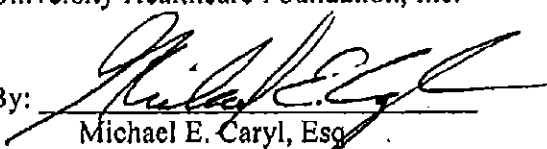
3. The facts, material to the administrative disposition of the tax exemption issue for 2015 tax year purposes, are the same as the facts in the record of the 2014 case except: (a) the Foundation's use of the DMC and of its other real property in Berkeley County as of July 1, 2014, is as shown on Exhibit A attached hereto and (b) the Foundation's Form 990 for calendar year 2013, is attached hereto as Exhibit B.

4. Upon the express condition that, within the time allowed for the same in WV Code §§11-3-24a and 11-3-25 (herein, the "2015 Case"), the Foundation acts to perfect an appeal to the Circuit Court of Berkeley County, West Virginia, of the Tax Commissioner's deemed ruling, described in subsection (e) of paragraph 1. above, the Parties shall jointly take such actions necessary to seek an Order of the West Virginia Supreme Court of Appeals transferring the 2015 Case to the Business Court Division and consolidating it with the 2014 Case for final disposition according to such proceedings as the Court may direct; provided, however, that, except as expressly provided herein, nothing herein contained shall be construed to prohibit the right of any of the Parties from making any arguments, asserting any legal points, citing any legal authorities or presenting any further evidence in connection with the 2015 Case, not heretofore so made, asserted, cited or presented in connection with the 2014 Case, which rights are expressly preserved.

5. The Parties acknowledge that the statements made in the "WHEREAS" recital clauses preceding paragraph 1. above are true and correct and are expressly incorporated herein as material parts hereof.

The Parties, by their respective counsel and authorized representatives, hereby agree, and are bound, to the foregoing as of the 9th day of February, 2015.

University Healthcare Foundation, Inc.

By: 

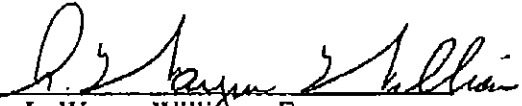
Michael E. Caryl, Esq.  
Its Counsel

Larry A. Hess, Assessor of Berkeley County, W. Va.

By: 

Norwood Bentley, III, Esq.  
His Counsel

Mark W. Matkovich, State Tax Commissioner

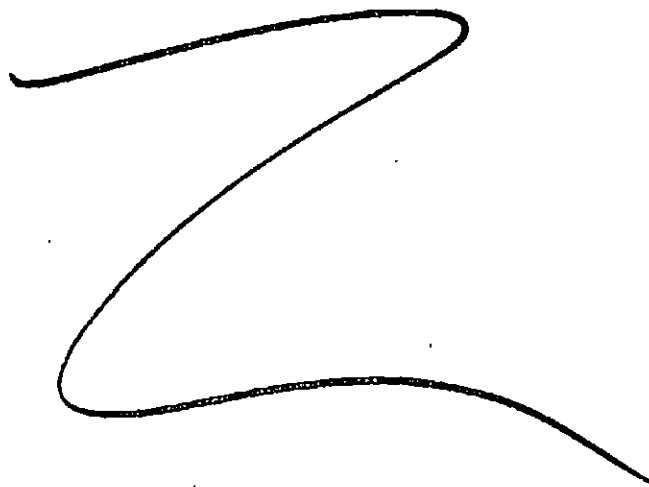
By: 

L. Wayne Williams, Esq.  
Assistant Attorney General  
His Counsel

02262015

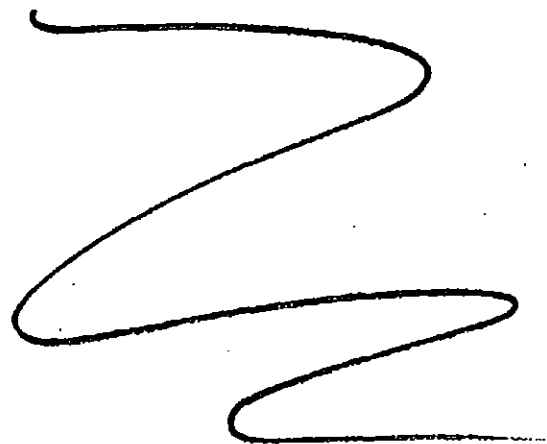
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EXHIBIT A

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**Foundation Property as of July 1, 2014**

| Building/Suite #                       | Description                                          | Square Footage | Tenant                                        | Use                                                             |
|----------------------------------------|------------------------------------------------------|----------------|-----------------------------------------------|-----------------------------------------------------------------|
| Forcroft Avenue Building               | 56 acre - 3,210 square feet                          | 3,210          | Vacant                                        | Vacant                                                          |
| Dorothy McCormack Center               | 5.71 acres - 60,417 square feet                      |                |                                               |                                                                 |
| DMC 1100                               |                                                      | 4,573          | Ambergris                                     | Medical - Radiation/Oncology                                    |
| DMC 1101                               |                                                      | 315            | Cancer Society                                | Used by the Cancer Society, no rent received.                   |
| DMC 1200                               |                                                      | 19,100         | BMC - Rehab/Well                              | Physical Therapy and Wellness Center                            |
| DMC 1300                               |                                                      | 1,971          | BMC - Rad/Lab                                 | Medical - Radiology/Lab                                         |
| DMC 2100                               |                                                      | 382            | Abdullah Hadavand                             | Patient Transportation office                                   |
| DMC 2200                               |                                                      | 2,800          | UHP Surgical Services                         | Medical - Surgical Services                                     |
| DMC 2310                               |                                                      | 4,400          | University Healthcare Admin                   | University Healthcare Admin Suite                               |
| DMC 2400                               |                                                      | 2,200          | Vacant                                        | Vacant                                                          |
| DMC 2800                               |                                                      | 7,400          | BMC Oncology                                  | Medical - Outpatient Oncology                                   |
| DMC 3100                               |                                                      | 3,200          | UHP Cardiologists                             | Medical - Cardiology                                            |
| DMC 3200                               |                                                      | 3,450          | UHP ENT                                       | Medical - Ear, Nose, Throat Specialist                          |
| DMC 3300                               |                                                      | 1,911          | UHP Pulmonology                               | Medical - Pulmonology                                           |
| DMC 3500                               |                                                      | 1,273          | Vacant                                        | Vacant                                                          |
| DMC 3600                               |                                                      | 1,282          | University Healthcare - IT Classrooms         | IT classrooms for computer training                             |
| DMC 3650                               |                                                      | 1,140          | UHP Plastic Surgery Associates                | Medical - Plastic Surgery                                       |
| DMC 3700                               |                                                      | 3,480          | Robert Bowen, M.D.                            | Medical - Cosmetic Surgery                                      |
| DMC 3800                               |                                                      | 1,100          | BMC - Diabetic Educators                      | Used to educate patients with diabetes                          |
| Inwood Medical Center                  | 2.15 acres - Gerrardstown Road                       |                |                                               |                                                                 |
| IMC 1-A                                |                                                      | 2,044          | Rehab and Wellness at Inwood (IMC, Suite 1-A) | Physical Therapy and Wellness Center                            |
| IMC 1-B                                |                                                      | 1,358          | Sleep Medicine at Inwood (IMC, Suite 1-B)     | Medical - Sleep Specialist                                      |
| IMC 1-C                                |                                                      | 1,706          | Inwood Primary Care                           | Medical Clinic                                                  |
| IMC 2                                  |                                                      | 3,955          | UHP Urgent Care (Inwood Medical, Suite 2)     | Medical Clinic - Urgent Care                                    |
| Medical Office Building 1              | 11.79 acres; 13,720 square feet                      |                |                                               |                                                                 |
| MOB1 100 & 101                         |                                                      | 2,595          | Gasaway Family Medicine                       | Medical Clinic                                                  |
| MOB1 102                               |                                                      | 1,578          | Vacant                                        | Vacant                                                          |
| MOB1 103                               |                                                      | 1,555          | David Fishkin, M.D.                           | Medical - Gastroenterologist                                    |
| MOB1 104                               |                                                      | 3,045          | University Healthcare IT                      | University Healthcare IT staff                                  |
| MOB1 105                               |                                                      | 1,553          | University Healthcare HR                      | University Healthcare HR staff                                  |
| MOB1 106A                              |                                                      | 2,013          | Berkley Sleep Rooms                           | Sleep rooms for BMC physicians                                  |
| MOB1 106B                              |                                                      | 430            | University Healthcare IT Storage              | University Healthcare IT storage                                |
| MOB1 107                               |                                                      | 551            | Employee Health                               | Employee Health staff                                           |
| 2004 Professional Court                | Lot 4 Old Mill Professional Court Plaza - .617 acres | 3,000          | UHP Behavioral Health                         | Medical - Behavioral Health clinic                              |
| 7.05 acres (band only)                 | Located on Tennessee Avenue/Dry Run Road             |                |                                               | Medical building on site (not under the Foundation's ownership) |
| 2.855 Acres East Side L-81 (band only) |                                                      |                |                                               | Vacant                                                          |



## EXHIBIT B



Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization Universty Healthcare Foundation, Inc.  
**Doing Business As**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2000 Foundation Way 2310  
 City or town State ZIP code  
Marlinsburg WV 25401  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
31-1118076

**E** Telephone number  
(304) 264-1368

**G** Gross receipts \$ 4,638,044

**F** Name and address of principal officer:  
Kathleen Quinones 2000 Foundation Way Suite 2310, Marlinsburg, WV

**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)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: N/A

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1994 **M** State of legal domicile: WV

**H(c)** Group exemption number ▶

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: Universty Healthcare Foundation assists in fundraising, special events and activities, fund management, and other activities that help to further the purpose of other related exempt organizations.

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

**3** Number of voting members of the governing body (Part VI, line 1a) 3 21

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 21

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0

**6** Total number of volunteers (estimate if necessary) 6 21

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

**7b** Net unrelated business taxable income from Form 990-T, line 34 7b 0

|                                                                                                       | Prior Year        | Current Year      |
|-------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h) <u>8</u>                                       | <u>288,887</u>    | <u>288,100</u>    |
| <b>9</b> Program service revenue (Part VIII, line 2g) <u>9</u>                                        | <u>0</u>          | <u>0</u>          |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u>                     | <u>828,409</u>    | <u>2,758,718</u>  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8a, 9a, 10a, and 11a) <u>11</u>          | <u>308,011</u>    | <u>247,602</u>    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u>  | <u>1,504,407</u>  | <u>3,274,417</u>  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>13</u>                  | <u>378,409</u>    | <u>201,628</u>    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u>                     | <u>0</u>          | <u>0</u>          |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>15</u> | <u>123,309</u>    | <u>136,808</u>    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) <u>16a</u>                   | <u>0</u>          | <u>0</u>          |
| <b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>16b</u>                       | <u>8,083</u>      | <u>8,083</u>      |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24a) <u>17</u>                      | <u>583,277</u>    | <u>595,897</u>    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 26) <u>18</u>         | <u>1,086,995</u>  | <u>934,028</u>    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>19</u>                              | <u>418,412</u>    | <u>2,340,389</u>  |
| <b>20</b> Total assets (Part X, line 18) <u>20</u>                                                    | <u>26,010,877</u> | <u>27,424,982</u> |
| <b>21</b> Total liabilities (Part X, line 26) <u>21</u>                                               | <u>3,171,385</u>  | <u>2,921,443</u>  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>22</u>                        | <u>21,839,592</u> | <u>24,503,540</u> |

**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 Kathleen Quinones Date \_\_\_\_\_  
 Title or print name and title VP of Finance

**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:

It is the mission of University Healthcare Foundation to assist in fundraising, special events and activities, fund management, and other activities that help to further the purpose of other related exempt organizations, namely Berkeley Medical Center and Jefferson Medical Center.

**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 \$ 201,526 Including grants of \$ 201,526 ) (Revenue \$ )

City Hospital Foundation assists in the fundraising, special events and activities, fund management, and other activities that further the exempt purposes of affiliated organizations, namely City Hospital. City Hospital Foundation also owns and manages properties that are home to WVUH - East administration, doctors office and other ancillary services.

**4b** (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0 Including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 201,526

**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.                                                                                                                                                                         | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                          | X   |    |
| 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.                                                                                                                      |     | X  |
| 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.                                                                                                              |     | X  |
| 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.                                                                               |     | X  |
| 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.                                                    |     | X  |
| 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.                                                                                            |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.                                                                                                                                                         |     | X  |
| 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.            |     | X  |
| 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.                                                                                                     |     | X  |
| 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.                                                                                                                                                                       | X   |    |
| 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.                                                                                                     | X   |    |
| 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.                                                                                                     |     | X  |
| 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.                                                                                                                      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                                     | X   |    |
| 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.                                                            | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.                                                                                                                                                        |     | X  |
| 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.                                                                           |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                                                                                                                                                                                                        |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                              |     | X  |
| 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. |     | X  |
| 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.                                                                                                           |     | X  |
| 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.                                                                                                     |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11e? If "Yes," complete Schedule G, Part I (see instructions).                                                                                            |     | X  |
| 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.                                                                                                                           | X   |    |
| 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.                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.                                                                                                                                                                                                             |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                               |     |    |

**Part IV** Checklist of Required Schedules (continued)

|                                                                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II.                                                                                                     | X   |    |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III.                                                                                                           | X   |    |
| 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.                                                      | X   |    |
| 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.                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                           |     |    |
| 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?                                                                                                                                                                  |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                     |     |    |
| 25a Section 801(c)(3) and 801(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.                                                                                                            |     | X  |
| 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.                                        |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.                                    |     | X  |
| 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. |     | X  |
| 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.                                                                                                                                                                                                    |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.                                                                                                                                                                                 |     | X  |
| 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.                                                                                     |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.                                                                                                                                                                                                  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.                                                                                                                                  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.                                                                                                                                                                                        |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.                                                                                                                                                                      |     | X  |
| 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.                                                                                                                      |     | X  |
| 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.                                                                                                                                                                  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                   |     |    |
| 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.                                                                                          |     |    |
| 36 Section 801(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.                                                                                                                                  |     | X  |
| 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.                                                                             |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 18? Note. All Form 990 filers are required to complete Schedule O.                                                                                                                              | X   |    |

Form 990 (2013)

**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 1099. Enter -0- if not applicable.                                                                                                                                                                                         | 20  |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                      | 0   |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              |     |    |
| 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.                                                                                        | 0   |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                          |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                         |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.                                                                                                                                                         |     |    |
| 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)?                            |     | X  |
| b   | If "Yes," enter the name of the foreign country:<br>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?                                                                                                                                                                 |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8865-T?                                                                                                                                                                                                     |     |    |
| 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?                                                               |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         |     |    |
| 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?                                                                                                                       |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?                                                                                                                                  |     |    |
| d   | If "Yes," indicate the number of Forms 8822 filed during the year.                                                                                                                                                                                                    | 7d  |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?                                                                                                                                      |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |     |    |
| a   | Did the organization make any taxable distributions under section 4986?                                                                                                                                                                                               |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                |     |    |
| 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?                                                                                                                                                            |     |    |
| 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?<br>Note. See the instructions for additional information the organization must report on Schedule O.                                                                             |     |    |
| 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?                                                                                                                                                                            |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                            |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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. ☒ X

**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. . . . .                                                                                                                                  | 21  |    |
| 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. . . . .                                                                                                                                    | 21  |    |
| 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? . . . . .                                                | X   |    |
| 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? . . . . . |     | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                     | X   |    |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           |     | X  |
| 6 Did the organization have members or stockholders? . . . . .                                                                                                                                                                   |     | X  |
| 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? . . . . .                                                                  |     | X  |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                              |     |    |
| a The governing body? . . . . .                                                                                                                                                                                                  | X   |    |
| b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | X   |    |
| 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. . . . .          |     | X  |

**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? . . . . .                                                                                                                                                                                                                         |     | X  |
| 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? . . . . .                                                                   |     |    |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | X   |    |
| 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. . . . .                                                                                                                                                                                                     | X   |    |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | X   |    |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. . . . .                                                                                                                                            | X   |    |
| 13 Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | X   |    |
| 14 Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | X   |    |
| 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. . . . .                                                                                                                                                                                                                        |     | X  |
| b Other officers or key employees of the organization. . . . .                                                                                                                                                                                                                                           | X   |    |
| 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? . . . . .                                                                                                                                      |     | X  |
| 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? . . . . . |     |    |

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Kathleen Quinones, Vice President of Finance (304) 264-1368  
 2000 Foundallon Way Suite 2310, Martinsburg, WV 25401

**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. ☒ X**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, and 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)<br>Name and Title                         | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                               |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (1) Donald T. Anderson<br>Director            | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (2) Tom Jones<br>Director                     | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (3) John Beally<br>Treasurer                  | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (4) Diane Dailey<br>Director                  | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (5) David DeJarnett<br>Vice Chairman          | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (6) Doris Griffin<br>Director                 | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (7) Terry Hess<br>Director                    | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (8) Walt Pellish<br>Director                  | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (9) M. Elizabeth Oates<br>Secretary           | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (10) Chris Amores<br>Director                 | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (11) Douglas M. Widmeyer<br>Director          | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (12) Travis Hill<br>Director                  | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (13) Susan Snowden<br>Chairman                | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       | X       |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (14) Christina Coad<br>WVUHE Staff/Non-voting | 0.20<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     | 266,476                                                                               | 7,513                                                                                                              |

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

| (A)<br>Name and title                                                                                                                                                    | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (15) Teresa McCabe<br>WVUHE Staff/Non-voting                                                                                                                             | 0.20<br>0.20                                                                                                    | X                                                                                                                  |                       |         | X            |                                 |        | 30,000                                                                              | 113,538                                                                               | 7,513                                                                                                              |
| (16) Anthony Zelanka<br>WVUHE Staff/Non-voting                                                                                                                           | 0.20<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     | 298,562                                                                               | 32,238                                                                                                             |
| (17) Christopher Knight<br>WVUHE Staff/Non-voting                                                                                                                        | 0.20<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     | 223,130                                                                               | 31,583                                                                                                             |
| (18) Bob Baronner<br>Director                                                                                                                                            | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (19) Snowden Byron<br>Director                                                                                                                                           | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (20) Rob Hoxton<br>Director                                                                                                                                              | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (21) Terry Walker<br>Director                                                                                                                                            | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (22) Henry Kayes<br>Director                                                                                                                                             | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (23) Manny Arvon<br>Director                                                                                                                                             | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (24) Amy Panzarella<br>Director                                                                                                                                          | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| (25) Brian Romine<br>Director                                                                                                                                            | 0.80<br>0.20                                                                                                    | X                                                                                                                  |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Sub-total</b>                                                                                                                                                      |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 30,000                                                                              | 903,706                                                                               | 78,857                                                                                                             |
| <b>c Total from continuation sheets to Part VII, Section A</b>                                                                                                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 0                                                                                     | 0                                                                                                                  |
| <b>d Total (add lines 1b and 1c)</b>                                                                                                                                     |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 30,000                                                                              | 903,706                                                                               | 78,857                                                                                                             |
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       | 0                                                                                                                  |

- 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.
- 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.
- 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.

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**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)<br>Name and business address                                                                                                                                          | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                           |                                | 0                   |
|                                                                                                                                                                           |                                | 0                   |
|                                                                                                                                                                           |                                | 0                   |
|                                                                                                                                                                           |                                | 0                   |
|                                                                                                                                                                           |                                | 0                   |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization |                                | 0                   |

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

|                                                           |                                              |                                                                                                                                    | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|-----------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                           | Federated campaigns                                                                                                                | 1a 0                 |                                                    |                                         |                                                                  |  |
|                                                           | 1b                                           | Membership dues                                                                                                                    | 1b 0                 |                                                    |                                         |                                                                  |  |
|                                                           | 1c                                           | Fundraising events                                                                                                                 | 1c 67,779            |                                                    |                                         |                                                                  |  |
|                                                           | 1d                                           | Related organizations                                                                                                              | 1d 0                 |                                                    |                                         |                                                                  |  |
|                                                           | 1e                                           | Government grants (contributions)                                                                                                  | 1e 7,800             |                                                    |                                         |                                                                  |  |
|                                                           | 1f                                           | All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | 1f 202,521           |                                                    |                                         |                                                                  |  |
|                                                           | g                                            | Noncash contributions included in lines 1a-1f:                                                                                     | \$ 0                 |                                                    |                                         |                                                                  |  |
|                                                           | h                                            | Total. Add lines 1a-1f                                                                                                             | 268,100              |                                                    |                                         |                                                                  |  |
| Program Service Revenue                                   | Business Code                                |                                                                                                                                    |                      |                                                    |                                         |                                                                  |  |
|                                                           | 2a                                           |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | b                                            |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | c                                            |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | d                                            |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | e                                            |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | f                                            | All other program service revenue                                                                                                  | 0                    |                                                    |                                         |                                                                  |  |
| g                                                         | Total. Add lines 2a-2f                       | 0                                                                                                                                  |                      |                                                    |                                         |                                                                  |  |
| Other Revenue                                             | 3                                            | Investment income (including dividends, interest, and<br>other similar amounts)                                                    | 333,385              |                                                    |                                         | 333,385                                                          |  |
|                                                           | 4                                            | Income from investment of tax-exempt bond proceeds                                                                                 | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | 5                                            | Royalties                                                                                                                          | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | 6a                                           | Gross rents                                                                                                                        | (i) Real 1,487,545   |                                                    |                                         |                                                                  |  |
|                                                           |                                              |                                                                                                                                    | (ii) Personal        |                                                    |                                         |                                                                  |  |
|                                                           | b                                            | Less: rental expenses                                                                                                              | 1,245,978            |                                                    |                                         |                                                                  |  |
|                                                           | c                                            | Rental income or (loss)                                                                                                            | 241,667              | 0                                                  |                                         | 241,667                                                          |  |
|                                                           | d                                            | Net rental income or (loss)                                                                                                        | 241,667              |                                                    |                                         | 241,667                                                          |  |
|                                                           | 7a                                           | Gross amount from sales of<br>assets other than inventory                                                                          | (i) Securities 0     | (ii) Other 2,425,330                               |                                         |                                                                  |  |
|                                                           |                                              |                                                                                                                                    |                      |                                                    |                                         |                                                                  |  |
|                                                           | b                                            | Less: cost or other basis<br>and sales expenses                                                                                    | 0                    | 0                                                  |                                         |                                                                  |  |
|                                                           | c                                            | Gain or (loss)                                                                                                                     | 0                    | 2,425,330                                          |                                         |                                                                  |  |
|                                                           | d                                            | Net gain or (loss)                                                                                                                 | 2,425,330            |                                                    |                                         | 2,425,330                                                        |  |
|                                                           | 8a                                           | Gross income from fundraising<br>events (not including \$ 57,779<br>of contributions reported on line 1c).<br>See Part IV, line 18 | a 23,401             |                                                    |                                         |                                                                  |  |
|                                                           | b                                            | Less: direct expenses                                                                                                              | b 17,749             |                                                    |                                         |                                                                  |  |
|                                                           | c                                            | Net income or (loss) from fundraising events                                                                                       | 5,652                |                                                    |                                         | 5,652                                                            |  |
|                                                           | 9a                                           | Gross income from gaming activities.<br>See Part IV, line 19                                                                       | a 0                  |                                                    |                                         |                                                                  |  |
|                                                           | b                                            | Less: direct expenses                                                                                                              | b 0                  |                                                    |                                         |                                                                  |  |
|                                                           | c                                            | Net income or (loss) from gaming activities                                                                                        | 0                    |                                                    |                                         |                                                                  |  |
|                                                           | 10a                                          | Gross sales of inventory, less<br>returns and allowances                                                                           | a 0                  |                                                    |                                         |                                                                  |  |
| b                                                         | Less: cost of goods sold                     | b 0                                                                                                                                |                      |                                                    |                                         |                                                                  |  |
| c                                                         | Net income or (loss) from sales of inventory | 0                                                                                                                                  |                      |                                                    |                                         |                                                                  |  |
| Miscellaneous Revenue                                     |                                              | Business Code                                                                                                                      |                      |                                                    |                                         |                                                                  |  |
| 11a                                                       | Other Revenue                                | 900099                                                                                                                             | 283                  |                                                    |                                         | 283                                                              |  |
| b                                                         |                                              |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
| c                                                         |                                              |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
| d                                                         | All other revenue                            |                                                                                                                                    | 0                    |                                                    |                                         |                                                                  |  |
| e                                                         | Total. Add lines 11a-11d                     |                                                                                                                                    | 283                  |                                                    |                                         |                                                                  |  |
| 12                                                        | Total revenue. See instructions              |                                                                                                                                    | 3,274,417            | 0                                                  | 0                                       | 3,008,317                                                        |  |

**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 8b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                               | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                                                                       | 201,528               | 201,528                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                                                                         | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                                                            | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 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                                                                                                                                                                                                                      | 111,723               |                                 | 111,723                                |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                            | 0                     |                                 |                                        |                             |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                                       | 25,083                |                                 | 25,083                                 |                             |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                                                         | 4,416                 |                                 | 4,416                                  |                             |
| c                                                                              | Accounting                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| d                                                                              | Lobbying                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                                                    | 146,690               |                                 | 146,690                                |                             |
| g                                                                              | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                  | 0                     |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                                     | 4,366                 |                                 | 852                                    | 3,514                       |
| 13                                                                             | Office expenses                                                                                                                                                                                                                               | 83,173                |                                 | 88,654                                 | 4,619                       |
| 14                                                                             | Information technology                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                                     | 2,082                 |                                 | 2,082                                  |                             |
| 17                                                                             | Travel                                                                                                                                                                                                                                        | 1,047                 |                                 | 1,047                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 20                                                                             | Interest                                                                                                                                                                                                                                      | 101,517               |                                 | 101,517                                |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                                     | 0                     | 0                               | 0                                      | 0                           |
| 23                                                                             | Insurance                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 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                                                                              | Recruiting Expense                                                                                                                                                                                                                            | 58,333                |                                 | 58,333                                 |                             |
| b                                                                              | Equipment Rental and maintenance                                                                                                                                                                                                              | 8,168                 |                                 | 8,168                                  |                             |
| c                                                                              | Contractual Services                                                                                                                                                                                                                          | 7,288                 |                                 | 7,288                                  |                             |
| d                                                                              | Taxes, License and Fees                                                                                                                                                                                                                       | 187,243               |                                 | 187,243                                |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                            | 1,376                 |                                 | 1,376                                  |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 934,029               | 201,528                         | 724,470                                | 8,033                       |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 850-720) |                       |                                 |                                        |                             |

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

|                                                                                |                                                                                                                                                                                                                                                                                                                                           | (A)<br>Beginning of year |                | (B)<br>End of year |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------|
| <b>Assets</b>                                                                  | 1 Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 800,349                  | 1              | 813,903            |
|                                                                                | 2 Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | 2              |                    |
|                                                                                | 3 Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            | 472,937                  | 3              | 384,449            |
|                                                                                | 4 Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      | 124,185                  | 4              | 85,036             |
|                                                                                | 6 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 4950(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees 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 . . . . .                                                                                                                                                                                                                                                                                               | 0                        | 7              | 0                  |
|                                                                                | 8 Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | 8              |                    |
|                                                                                | 9 Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         | 74,523                   | 9              | 75,683             |
|                                                                                | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                         | 10a 18,987,590           |                |                    |
|                                                                                | b Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b 7,857,400            | 10c 11,130,190 |                    |
|                                                                                | 11 Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       | 11,287,747               | 11             | 11,066,332         |
|                                                                                | 12 Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           | 535,802                  | 12             | 3,910,293          |
|                                                                                | 13 Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            | 0                        | 13             | 0                  |
|                                                                                | 14 Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            | 0                        | 14             | 0                  |
| 15 Other assets. See Part IV, line 11 . . . . .                                | 9,658                                                                                                                                                                                                                                                                                                                                     | 15                       | 9,106          |                    |
| 16 <b>Total assets. Add lines 1 through 15 (must equal line 34).</b> . . . . . | 25,010,977                                                                                                                                                                                                                                                                                                                                | 16                       | 27,424,992     |                    |
| <b>Liabilities</b>                                                             | 17 Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        | 139,628                  | 17             | 155,612            |
|                                                                                | 18 Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | 18             |                    |
|                                                                                | 19 Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             | 311                      | 19             | 3,858              |
|                                                                                | 20 Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  | 2,360,421                | 20             | 2,287,350          |
|                                                                                | 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 . . . . .                                                                                                                                                                                                                                                               | 0                        | 23             | 0                  |
|                                                                                | 24 Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 | 0                        | 24             | 0                  |
|                                                                                | 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 . . . . .                                                                                                                                                        | 681,025                  | 25             | 494,612            |
|                                                                                | 26 <b>Total liabilities. Add lines 17 through 25.</b> . . . . .                                                                                                                                                                                                                                                                           | 3,171,385                | 26             | 2,921,443          |
| <b>Net Assets or Fund Balances</b>                                             | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. . . . .                                                                                                                                                                               |                          |                |                    |
|                                                                                | 27 Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      | 21,859,365               | 27             | 24,124,299         |
|                                                                                | 28 Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | 558,134                  | 28             | 480,239            |
|                                                                                | 29 Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | -77,897                  | 29             | -100,989           |
|                                                                                | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <b>Total net assets or fund balances.</b> . . . . .                                                                                                                                                                                                                                                                                    | 21,839,592               | 33             | 24,503,548         |
|                                                                                | 34 <b>Total liabilities and net assets/fund balances.</b> . . . . .                                                                                                                                                                                                                                                                       | 25,010,977               | 34             | 27,424,992         |

**Part XI Reconciliation 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  | 3,274,417  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 934,029    |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 2,340,388  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 21,839,592 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 839,498    |
| 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  | -215,929   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 24,603,649 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 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? . . . . .  
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? . . . . .  
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? . . . . .  
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? . . . . .
- 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 . . . . .

|    | Yes                                 | No                                  |
|----|-------------------------------------|-------------------------------------|
| 1  |                                     | <input checked="" type="checkbox"/> |
| 2a |                                     | <input checked="" type="checkbox"/> |
| 2b | <input checked="" type="checkbox"/> |                                     |
| 2c | <input checked="" type="checkbox"/> |                                     |
| 3a |                                     | <input checked="" type="checkbox"/> |
| 3b |                                     |                                     |

Form 990 (2013)

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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

University Healthcare Foundation, Inc.

Employer identification number

31-1118078

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h:  
 a ☒ Type I    b ☐ Type II    c ☐ Type III—Functionally Integrated    d ☐ Type III—Non-functionally Integrated  
 e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

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

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------|
|                                    |            |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                                  |
| (A) City Hospital, Inc             | 65-0383321 | 7                                                                                           | X                                                                       |    | X                                                                |    | X                                                           |    | 141,913                          |
| (B)                                |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (C)                                |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (D)                                |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (E)                                |            |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| <b>Total</b>                       | <b>1</b>   |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    | <b>141,913</b>                   |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.  
HTA

Schedule A (Form 990 or 990-EZ) 2013

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  |          |          |          |          |          | 0         |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          | 0         |
| <b>4</b> Total. Add lines 1 through 3                                                                                                                                                                        | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4.                                                                                                                                                        |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4                                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                  |          |          |          |          |          | 0                        |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                              |          |          |          |          |          | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                |          |          |          |          |          | 0                        |
| <b>11</b> Total support. Add lines 7 through 10                                                                                                                                          |          |          |          |          |          | 0                        |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                |          |          |          |          | 12       |                          |
| <b>13</b> 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. |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                      |                          |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                     | <b>14</b>                | 0.00% |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           | <b>15</b>                | 0.00% |
| <b>16a</b> 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.                                                                                                                                                                           | <input type="checkbox"/> |       |
| <b>b</b> 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.                                                                                                                                                                        | <input type="checkbox"/> |       |
| <b>17a</b> 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.    | <input type="checkbox"/> |       |
| <b>b</b> 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> |       |
| <b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.                                                                                                                                                                                                                                                        | <input type="checkbox"/> |       |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                        |          |          |          |          |          | 0         |
| 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. |          |          |          |          |          | 0         |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                             |          |          |          |          |          | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                          |          |          |          |          |          | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                  |          |          |          |          |          | 0         |
| 6 Total. Add lines 1 through 5.                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.                                                                                                |          |          |          |          |          | 0         |
| 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.           |          |          |          |          |          | 0         |
| c Add lines 7a and 7b.                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                            |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                       | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6.                                                                                                                                                            | 0        | 0        | 0        | 0        | 0        | 0                        |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.                                               |          |          |          |          |          | 0                        |
| b Unrelated business taxable income (loss section 511 taxes) from businesses acquired after June 30, 1975.                                                                        |          |          |          |          |          | 0                        |
| c Add lines 10a and 10b.                                                                                                                                                          | 0        | 0        | 0        | 0        | 0        | 0                        |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                   |          |          |          |          |          | 0                        |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                |          |          |          |          |          | 0                        |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                 | 0        | 0        | 0        | 0        | 0        | 0                        |
| 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. |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                            |    |       |
|--------------------------------------------------------------------------------------------|----|-------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). | 15 | 0.00% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15.                      | 16 | 0.00% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                 |    |       |
|-------------------------------------------------------------------------------------------------|----|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.00% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17.                        | 18 | 0.00% |

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

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

**Part IV.** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part I Line A The amount of support provided to City Hospital Inc was used to help fund

renovations in the City Hospital, Inc. dba Berkeley Medical Center Obstetrics department.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2013**Department of the Treasury  
Internal Revenue Service▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

University Healthcare Foundation, Inc.

Employer identification number

31-1118075

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

HTA

|                                                                |                                              |
|----------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>University Healthcare Foundation, Inc. | Employer identification number<br>31-1118075 |
|----------------------------------------------------------------|----------------------------------------------|

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | BB&T WV Foundation<br>P.O. Box 1793<br>Charleston WV 25326<br>Foreign State or Province:<br>Foreign Country:                     | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Saulie Emergency Specialists<br>2500 Hospital Drive<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country:    | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Eastern WV Comm Fdn<br>229 East Martin Street, Suite 4<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country: | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | United Bank<br>750 Foxcroft Avenue<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country:                     | \$ 8,500                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Auxiliary of City Hospital<br>PO Box 2664<br>Martinsburg WV 25402<br>Foreign State or Province:<br>Foreign Country:              | \$ 8,750                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | PHH & PHH, PLLC<br>P.O. Box 440<br>Martinsburg WV 25404<br>Foreign State or Province:<br>Foreign Country:                        | \$ 9,250                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization  
 Universally Healthcare Foundation, Inc.

Employer identification number  
 31-1118075

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | Martinsburg Radiology Associates<br>300 Foxcroft Ave, Suite 202B<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country: | \$ 12,143                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | John A Draper<br>309 Medical Court<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country:                               | \$ 7,500                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Dr. Robert J Lynch MD<br>43 Pierpont Terrace<br>Martinsburg WV 25403<br>Foreign State or Province:<br>Foreign Country:                     | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | Mary Elizabeth Oates<br>38 Greystone Drive<br>Shepherdstown WV 25443<br>Foreign State or Province:<br>Foreign Country:                     | \$ 10,008                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | Scott Roach<br>8481 Tuscarora Pike<br>Martinsburg WV 25403<br>Foreign State or Province:<br>Foreign Country:                               | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | City Hospital Inc<br>2000 Foundation Way Suite 2310<br>Martinsburg WV 25401<br>Foreign State or Province:<br>Foreign Country:              | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

University Healthcare Foundation, Inc.

Employer identification number

81-1118076

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              | \$                                             |                      |

Name of organization  
University Healthcare Foundation, Inc.

Employer identification number  
31-1118078

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0.

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           | For. Prov.                              | Country         |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           | For. Prov.                              | Country         |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           | For. Prov.                              | Country         |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           | For. Prov.                              | Country         |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE D  
(Form 990)**

**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.

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

University Healthcare Foundation, Inc.

Employer identification number

31-1118078

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

|                                                                                                                                                                                                                                                                                                                                          | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                                                                                  |                         |                              |
| 2 Aggregate contributions to (during year) . . . . .                                                                                                                                                                                                                                                                                     |                         |                              |
| 3 Aggregate grants from (during year) . . . . .                                                                                                                                                                                                                                                                                          |                         |                              |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                                                                               |                         |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> 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 Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

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

4 Number of states where property subject to conservation easement is located ► . . . . .

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .

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

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

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

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

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

|                                                                |                |
|----------------------------------------------------------------|----------------|
| (i) Revenues included in Form 990, Part VIII, line 1 . . . . . | ► \$ . . . . . |
| (ii) Assets included in Form 990, Part X . . . . .             | ► \$ . . . . . |

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

|                                                              |                |
|--------------------------------------------------------------|----------------|
| a Revenues included in Form 990, Part VIII, line 1 . . . . . | ► \$ . . . . . |
| b Assets included in Form 990, Part X . . . . .              | ► \$ . . . . . |

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c | 0      |
| 1d |        |
| 1e |        |
| 1f | 0      |

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

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

**Part V Endowment Funds.**

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 0                | 0              | 0                  | 0                    | 0                   |
| 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                            | 0                | 0              | 0                  | 0                    | 0                   |

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:

(i) unrelated organizations

(ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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                                                                                           | 0                                    | 3,501,058                       |                              | 3,501,058      |
| b Buildings                                                                                       | 0                                    | 11,969,661                      | 7,008,499                    | 4,961,162      |
| c Leasehold improvements                                                                          | 0                                    | 0                               | 0                            | 0              |
| d Equipment                                                                                       | 0                                    | 288,435                         | 182,452                      | 85,983         |
| e Other                                                                                           | 0                                    | 3,228,448                       | 668,449                      | 2,561,999      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 11,110,180     |

**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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives                                               | 0              |                                                              |
| (2) Closely-held equity interests                                       | 0              |                                                              |
| (3) Other Cash and equivalents                                          | 1,038,198      | F                                                            |
| (A) Mutual Funds                                                        | 253,803        | F                                                            |
| (B) US Government and Agency Obligations                                | 2,558,891      | F                                                            |
| (C) Amounts Held in Trust by others                                     | 59,801         | F                                                            |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (D) line 12.)      | 3,910,293      |                                                              |

**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:<br>Cost or end-of-year market value |
|--------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                |                |                                                              |
| (2)                                                                |                |                                                              |
| (3)                                                                |                |                                                              |
| (4)                                                                |                |                                                              |
| (5)                                                                |                |                                                              |
| (6)                                                                |                |                                                              |
| (7)                                                                |                |                                                              |
| (8)                                                                |                |                                                              |
| (9)                                                                |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (D) line 13.) | 0              |                                                              |

**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 |
|--------------------------------------------------------------------|----------------|
| (1)                                                                |                |
| (2)                                                                |                |
| (3)                                                                |                |
| (4)                                                                |                |
| (5)                                                                |                |
| (6)                                                                |                |
| (7)                                                                |                |
| (8)                                                                |                |
| (9)                                                                |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 0              |

**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 |
|--------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                           | 0              |
| (2) Due to Affiliates - Current                                    | 284,680        |
| (3) Due to Affiliates - Long Term                                  | 135,206        |
| (4) Other Noncurrent Liabilities                                   | 74,726         |
| (5)                                                                |                |
| (6)                                                                |                |
| (7)                                                                |                |
| (8)                                                                |                |
| (9)                                                                |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 494,612        |

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  | 4,738,801 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |
| a | Net unrealized gains on investments                                             | 2a | 539,498   |
| b | Donated services and use of facilities                                          | 2b |           |
| c | Recoveries of prior year grants                                                 | 2c |           |
| d | Other (Describe in Part XIII.)                                                  | 2d | 1,071,076 |
| e | Add lines 2a through 2d                                                         | 2e | 1,610,674 |
| 3 | Subtract line 2e from line 1                                                    | 3  | 3,127,727 |
| 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 | 146,690   |
| b | Other (Describe in Part XIII.)                                                  | 4b |           |
| c | Add lines 4a and 4b                                                             | 4c | 146,690   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 3,274,417 |

**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  | 1,909,056 |
| 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 | 1,121,718 |
| e | Add lines 2a through 2d                                                          | 2e | 1,121,718 |
| 3 | Subtract line 2e from line 1                                                     | 3  | 707,338   |
| 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 | 146,690   |
| b | Other (Describe in Part XIII.)                                                   | 4b |           |
| c | Add lines 4a and 4b                                                              | 4c | 146,690   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 934,028   |

**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.

Part X Line 2 The annual audit and financial statements of University Healthcare

Foundation are prepared on a consolidated basis as a member of the WV United Health

System. The System accounts for uncertainty in income taxes using a recognition threshold

of more-likely-than-not to be sustained upon examination by the appropriate taxing

authority. Measurement of the tax uncertainty occurs if the recognition threshold is met.

There were no tax uncertainties that met the recognition threshold in 2013.

Part XI Line 2d The amount shown consists of \$1,245,878 rental expense presented on the

Revenue page of the Core 990 as an offset to revenue, \$17,749 of direct expense related to

special events, and (\$192,651) of contribution revenue posted to balance sheet accounts.

Part XII Line 2d The amount shown consists of \$1,245,076 rental expense presented on the

Revenue page of the Core 990 as an offset to revenue, \$17,749 of direct expense related to

special events and (\$141,913) in contributions to City Hospital, Inc. dba Berkeley Medical

Center posted to balance sheet accounts and \$2 rounding difference.

## Part XIII Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, line 17, 18; or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

**University Healthcare Foundation, Inc.**

Employer Identification number

31-1118076

## Part 1

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**Form 990-EZ filers are not required to complete this part.**

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |                          |                                  |   |                          |                                       |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations               | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants     |
| c | <input type="checkbox"/> | Phone solicitations              | g | <input type="checkbox"/> | Special fundraising events            |
| d | <input type="checkbox"/> | In-person solicitations          |   |                          |                                       |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 2                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 3                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 4                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 5                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 6                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 7                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 8                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 9                                                         |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| 10                                                        |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| Total                                                     |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                           | (a) Event #1<br>Golf Classic<br>(event type) | (b) Event #2<br>Tennis Classic<br>(event type) | (c) Other events<br>1<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------|--------------------------------------------------------|
| Revenue         | 1 Gross receipts . . . . .                                                | 62,880                                       | 11,850                                         | 6,350                                   | 81,180                                                 |
|                 | 2 Less: Contributions . . . . .                                           | 40,964                                       | 10,475                                         | 6,350                                   | 67,779                                                 |
|                 | 3 Gross income (line 1<br>minus line 2) . . . . .                         | 21,926                                       | 1,475                                          | 0                                       | 23,401                                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                   |                                              |                                                | 0                                       | 0                                                      |
|                 | 5 Noncash prizes . . . . .                                                |                                              |                                                | 0                                       | 0                                                      |
|                 | 6 Rent/facility costs . . . . .                                           |                                              |                                                | 0                                       | 0                                                      |
|                 | 7 Food and beverages . . . . .                                            |                                              |                                                | 0                                       | 0                                                      |
|                 | 8 Entertainment . . . . .                                                 |                                              |                                                | 0                                       | 0                                                      |
|                 | 9 Other direct expenses . . . . .                                         | 14,584                                       | 944                                            | 2,221                                   | 17,749                                                 |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                                              |                                                |                                         | 17,749                                                 |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                              |                                                |                                         | 6,652                                                  |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     | 0                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                     |                                                                     |                                                                     | 0                                                   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

## 16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐

Director/officer

☐

Employee

☐

Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

**Part IV** Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

University Healthcare Foundation, Inc.

31-1118075

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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) Blue Ridge Community College<br>400 W Stephen St Martinsburg, WV 25801                                                                 | 41-2167984               | 501(c)(3)                     | 33,000                   |                                   |                                                       |                                        | Support Nursing program                |
| (2) American Cancer Society<br>112 S High Street Morgantown, WV 26505                                                                      | 13-1788491               | 501(c)(3)                     | 5,758                    |                                   |                                                       |                                        | Support                                |
| (3) City Hospital Inc.<br>2000 Foundation Way Suite 2310 Mar<br>(4) Mountain State Apple Harvest Fest<br>PO Box 1362 Martinsburg, WV 25402 | 55-0383321<br>55-0600902 | 501(c)(3)<br>501(c)(3)        | 141,913<br>10,460        | 1,216                             | FMV                                                   | Medical Equipment                      | Support, Equipment Purchase<br>Support |
| (5)                                                                                                                                        |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (6)                                                                                                                                        |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (7)                                                                                                                                        |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (8)                                                                                                                                        |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (9)                                                                                                                                        |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (10)                                                                                                                                       |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (11)                                                                                                                                       |                          |                               |                          |                                   |                                                       |                                        |                                        |
| (12)                                                                                                                                       |                          |                               |                          |                                   |                                                       |                                        |                                        |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **4**
- 3 Enter total number of other organizations listed in the line 1 table. **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 | Scholarships                    |                          | 9,500                    |                                   |                                                       |                                        |
| 2 |                                 |                          |                          |                                   |                                                       |                                        |
| 3 |                                 |                          |                          |                                   |                                                       |                                        |
| 4 |                                 |                          |                          |                                   |                                                       |                                        |
| 5 |                                 |                          |                          |                                   |                                                       |                                        |
| 6 |                                 |                          |                          |                                   |                                                       |                                        |
| 7 |                                 |                          |                          |                                   |                                                       |                                        |

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

Part I Line 2 Grant and Scholarship funds are allocated to area schools and medical facilities based upon availability and needs. Also.

University Healthcare Foundation along with City Hospital Auxiliary provide scholarships to area students entering school in a medical

field. Eligibility requirements are monitored for those receiving scholarships.

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

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

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

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

University Healthcare Foundation, Inc.

Employer identification number

31-1118075

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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.

- |                                                              |                                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

**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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(o)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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HYA

Schedule J (Form 990) 2013

**Part III 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) Nonexcess benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|-------|------------------------------------------------|------------------------|---------------------------------|---------------------------------------------------------|
|                          | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |       |                                                |                        |                                 |                                                         |
| Christina Coad           | (i)                                                |                                     |                                     |       |                                                |                        | 0                               |                                                         |
| 1 WVUHE Staff/Non-voting | (ii)                                               | 247,702                             | 20,000                              | 774   |                                                | 7,513                  | 275,989                         |                                                         |
| Teresa McCabe            | (i)                                                | 28,159                              | 1,572                               | 159   |                                                | 1,570                  | 31,570                          |                                                         |
| 2 WVUHE Staff/Non-voting | (ii)                                               | 106,571                             | 6,328                               | 639   |                                                | 5,943                  | 119,481                         |                                                         |
| Anthony Zelenka          | (i)                                                |                                     |                                     |       |                                                |                        | 0                               |                                                         |
| 3 WVUHE Staff/Non-voting | (ii)                                               | 277,374                             | 20,000                              | 1,188 |                                                | 32,238                 | 330,800                         |                                                         |
| Christopher Knight       | (i)                                                |                                     |                                     |       |                                                |                        | 0                               |                                                         |
| 4 WVUHE Staff/Non-voting | (ii)                                               | 214,582                             | 8,000                               | 448   |                                                | 31,593                 | 254,723                         |                                                         |
| 5                        | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 6                        | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 7                        | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 8                        | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 9                        | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 10                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 11                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 12                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 13                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 14                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 15                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |
| 16                       | (i)                                                |                                     |                                     |       |                                                |                        |                                 |                                                         |
|                          | (ii)                                               |                                     |                                     |       |                                                |                        |                                 |                                                         |

Part III Supplemental Information

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

Part I Line 3 University Healthcare Foundation does not have a CEO/Executive Director. Christopher Knight, Anthony Zelenka,

Christina Coad and Teresa McCabe serve as ex-officio members of the board of directors of University Healthcare Foundation. Chris

and Teresa are employed by West Virginia University Hospitals - East, Inc., which is a related party. Anthony Zelenka is employed

by City Hospital Inc. and Christina Coad is employed by Jefferson Memorial Hospital. All are compensated for their work by their

respective employer, compensation that is received is not related to serving on the Foundation Board of Directors. University

Healthcare Foundation reimburses WVUH-East for a portion of Teresa McCabe's salary for work she does related to Foundation

business, none of her compensation is related to service on the Foundation Board of Directors.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

University Healthcare Foundation, Inc.

Employer identification number

31-1118075

Form 990, Part IV, Line 24a: Bond issuances allocated to University Healthcare Foundation will

be reported on the Schedule K for WVU Hospitals (EIN 55-0643304) in an effort to comply with

the IRS reporting requirements. WVUH is a 501(c)(3) and is the parent company of University

Healthcare, Inc.

Form 990, Part VI, Section B, Line 11b: The Form 990 is completed by the WVUH accounting

department and reviewed by the VP of Finance. Upon approval, the Form 990 is disseminated to

all board members for final review. Once reviewed by the board the Form 990 is then submitted

to the IRS.

Form 990, Part VI, Section B, Line 15a&b: University Healthcare Foundation reimbursed City

Hospital, Inc. dba Berkeley Medical Center for a portion of Teresa McCabe's salary for 2013

under a common paymaster arrangement. Teresa McCabe's compensation is reviewed as an employee

of City Hospital, Inc. dba Berkeley Medical Center. University Healthcare Foundation also

reimburses Berkeley Medical Center for facilities and cleaning expenses associated with

buildings owned by University Healthcare Foundation.

Form 990, Part VI, Section C, Line 18: All financial and governing documents as well of

conflict of interest information are available upon request at the business office during

regular business hours.

Form 990, Part VII, Section A, Line 14-17: Christopher Knight, Anthony Zelenka, and Christina

Coad serve as ex-officio members of the board of directors of University Healthcare

Foundation. Chris is employed by University Healthcare, Inc., which is the parent company of

University Healthcare Foundation. Anthony Zelenka is employed by Berkeley Medical Center and

Christina is employed by Jefferson Medical Center. All are compensated for their work by their

respective employer.

Form 990, Part XI, Line 9: The amount reported on line 9 consists of Transfers of temporarily

restricted net assets (\$192,551) and Restricted net assets \$147,963 both related to capital

campaign contributions and distributions. The difference between the amounts released from

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Schedule O (Form 990 or 990-EZ) (2013)

HTA

Name of the organization

Employer identification number

University Healthcare Foundation, Inc.

31-1118076

restriction and the amount actually transferred to City Hospital of (\$108,890) and transfers

of proceeds from Golf and Tennis Classics of \$(84,302) all of which were posted to balance

sheet accounts, as well as (\$149) of change in value of split interest agreements.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

University Healthcare Foundation, Inc.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number  
31-1118075

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

| (1)                                                          | (2)              | (3)                                       | (4)          | (5)                | (6)                       | (7) | (8) | (9) |
|--------------------------------------------------------------|------------------|-------------------------------------------|--------------|--------------------|---------------------------|-----|-----|-----|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |     |     |     |
| (1)                                                          |                  |                                           |              |                    |                           |     |     |     |
| (2)                                                          |                  |                                           |              |                    |                           |     |     |     |
| (3)                                                          |                  |                                           |              |                    |                           |     |     |     |
| (4)                                                          |                  |                                           |              |                    |                           |     |     |     |
| (5)                                                          |                  |                                           |              |                    |                           |     |     |     |
| (6)                                                          |                  |                                           |              |                    |                           |     |     |     |

**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.

| (1)                                                                                                 | (2)                | (3)                                       | (4)                 | (5)                                          | (6)                       | (7)                                   | (8) | (9) |
|-----------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|---------------------|----------------------------------------------|---------------------------|---------------------------------------|-----|-----|
| Name, address, and EIN of related organization                                                      | Primary activity   | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity | Section 512(b)(13) controlled entity? | Yes | No  |
| (1) West Virginia University Hospitals 55-0643304<br>P.O. Box 8034 Morgantown, WV 26506             | Patient Care       | WV                                        | 501(C)(3)           | 3                                            | West Virginia United      |                                       |     | X   |
| (2) West Virginia University Hospitals East 20-2337985<br>2000 Foundation Way Martinsburg, WV 25401 | Health Care Access | WV                                        | 501(C)(3)           | 11a                                          | West Virginia Univ        |                                       |     | X   |
| (3) West Virginia United Health System, Inc. 55-0754713<br>1000 Technology Drive Fairmont WV 26554  | Health Care Access | WV                                        | 501(C)(3)           | 11a                                          | N/A                       |                                       |     | X   |
| (4) City Hospital, Inc 55-0383321<br>2000 Foundation Way Martinsburg, WV 25401                      | Patient Care       | WV                                        | 501(C)(3)           | 3                                            | WVUJH - East, Inc         |                                       |     | X   |
| (5) Jefferson Memorial Hospital 55-0359755<br>2000 Foundation Way Martinsburg, WV 25401             | Patient Care       | WV                                        | 501(C)(3)           | 3                                            | WVUJH - East, Inc         |                                       |     | X   |
| (6) United Health Foundation 55-0621706<br>327 Medical Park Drive Bridgeport WV 26330               | Hospital Support   | WV                                        | 501(C)(3)           | 11a                                          | N/A                       |                                       |     | X   |
| (7) United Hospital Center, Inc. 55-0525724<br>327 Medical Park Drive Bridgeport, WV 26330          | Patient Care       | WV                                        | 501(C)(3)           | 3                                            | West Virginia United      |                                       |     | X   |

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Schedule R (Form 990) 2013

**Part III** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization                                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (8) United Summit Center 55-0752788<br>6 Hospital Plaza Clarksburg, WV 26301                       | Behavioral Health       | WV                                               | 501(C)(3)                  | 3                                                   | N/A                              |                                              | X  |
| (9) United Physicians Care 55-0638563<br>686 South Pike Street Shinnston, WV 26431                 | Patient Care            | WV                                               | 501(C)(3)                  | 3                                                   | N/A                              |                                              | X  |
| (10) Jefferson Healthcare Foundation, Inc. 55-0768901<br>2000 Foundation Way Martinsburg, WV 25401 | Hospital Support        | WV                                               | 501(C)(3)                  | 11a                                                 | N/A                              |                                              | X  |
| (11) West Virginia Health Care Co-Op 55-0650441<br>P.O. Box 8059 Morgantown, WV 26506              | Support                 | WV                                               | 501(C)(3)                  | 11a                                                 | West Virginia United             | X                                            |    |
| (12) Camden-Clark Health Services 55-0769602<br>800 Garfield Ave Parkersburg, WV 26102             | Health Care Access      | WV                                               | 501(C)(3)                  | 11a                                                 | N/A                              |                                              | X  |
| (13) Camden-Clark Foundation 55-0657789<br>800 Garfield Ave Parkersburg, WV 26102                  | Hospital Support        | WV                                               | 501(C)(3)                  | 11a                                                 | N/A                              |                                              | X  |
| (14) Camden-Clark Memorial Hospital 31-1524546<br>800 Garfield Ave Parkersburg, WV 26102           | Patient Care            | WV                                               | 501(C)(3)                  | 3                                                   | West Virginia United             | X                                            |    |
| (15) Camden-Clark Physician Corp 26-4058719<br>604 Ann Street Parkersburg, WV 26102                | Patient Care            | WV                                               | 501(C)(3)                  | 11a                                                 | N/A                              |                                              | X  |
| (16)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (17)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (18)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (19)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (20)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (21)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (22)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (23)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (24)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (25)                                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                         |                                 |                                        | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (2)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (3)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (4)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (5)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (6)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (7)                                                      |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |

**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)<br>Name, address, and EIN of related organization                                                    | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------|----|
| (1) Allied Health Services, Inc. 55-0652017<br>P.O. Box 782 Morgantown, WV 26507                         | Medical Lab             | WV                                                  | N/A                                 | C Corp                                              |                                 |                                       |                                | Yes                                                | No |
| (2) West Virginia United Insurance Services, Inc. 5<br>1000 Technology Drive, Suite 2320 Fairmont, WV 26 | Provider Network        | WV                                                  | N/A                                 | C Corp                                              |                                 |                                       |                                |                                                    | X  |
| (3)                                                                                                      |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (4)                                                                                                      |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (5)                                                                                                      |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (6)                                                                                                      |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (7)                                                                                                      |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |

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

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 organization 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 . . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .

- f Dividends from related organization(s) . . . . .
- g Sale of assets to related organization(s) . . . . .
- h Purchase of assets from related organization(s) . . . . .
- i Exchange of assets with related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

- k Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o Sharing of paid employees with related organization(s) . . . . .

- p Reimbursement paid to related organization(s) for expenses . . . . .
- q Reimbursement paid by related organization(s) for expenses . . . . .

- r Other transfer of cash or property to related organization(s) . . . . .
- s Other transfer of cash or property from related organization(s) . . . . .

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-e) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----|-------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (1) |                                     |                                  |                        |                                                 |
| (2) |                                     |                                  |                        |                                                 |
| (3) |                                     |                                  |                        |                                                 |
| (4) |                                     |                                  |                        |                                                 |
| (5) |                                     |                                  |                        |                                                 |
| (6) |                                     |                                  |                        |                                                 |