




# **West Virginia University Health System and Controlled Entities**

**Independent Auditor's Report, Consolidated Financial  
Statements, and Consolidating Supplementary  
Information**

December 31, 2025 and 2024



**West Virginia University Health System and Controlled Entities**  
**Contents**  
**December 31, 2025 and 2024**

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## Independent Auditor's Report

Board of Directors  
West Virginia University Health System and Controlled Entities  
Morgantown, West Virginia

### ***Opinion***

We have audited the consolidated financial statements of West Virginia University Health System and Controlled Entities (the System), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, based on our audits and the report of the other auditors, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2025 and 2024, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Augusta Insurance Company, Ltd., a wholly owned subsidiary, which statements reflect total assets constituting 1.8 percent and 2.0 percent, respectively, of consolidated total assets at December 31, 2025 and 2024, and total revenues constituting 0.3 percent and 0.4 percent, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for Augusta Insurance Company, Ltd., is based solely on the reports of the other auditors.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Consolidated Financial Statements" section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Consolidated Financial Statements***

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern within one year after the date that these consolidated financial statements are issued.

### ***Auditor's Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance, and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating information listed in the table of contents is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, which insofar as it relates to Augusta Insurance Company, Ltd. is based on the report of other auditors, the consolidating supplementary information is fairly stated in all material respects in relation to the basic consolidated financial statements as a whole.

**Forvis Mazars, LLP**

**Greenville, South Carolina  
April 16, 2026**

**West Virginia University Health System and Controlled Entities**  
**Consolidated Balance Sheets**  
**December 31, 2025 and 2024**  
(in thousands)

	<u>2025</u>	<u>2024</u>
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 1,230,209	\$ 835,733
Current portion of assets whose use is limited	39,047	32,670
Accounts receivable:		
Patients	774,213	755,447
Other	106,473	125,813
Inventories of supplies	122,037	108,173
Estimated third-party payor settlements	288,979	77,527
Prepaid expenses and other current assets	80,500	87,538
	<u>2,641,458</u>	<u>2,022,901</u>
<b>Assets Whose Use is Limited</b>		
Board-designated funds:		
Funded depreciation	1,949,257	1,522,700
Strategic initiatives	46,551	36,326
Under trust indenture, held by trustee	366,539	164,108
Malpractice investments	107,782	94,663
Foundation investments	10,056	13,117
	<u>2,480,185</u>	<u>1,830,914</u>
Noncurrent portion of assets whose use is limited	2,480,185	1,830,914
<b>Property and Equipment, Net</b>	2,599,937	2,351,510
<b>Restricted Assets Held By Third-Parties</b>	50,989	20,233
<b>Right-of-Use Operating Lease Assets</b>	53,398	48,937
<b>Other Investments</b>	-	18,297
<b>Prepaid Expenses and Other Assets, Net</b>	172,929	187,483
	<u>172,929</u>	<u>187,483</u>
Total assets	<u>\$ 7,998,896</u>	<u>\$ 6,480,275</u>

(continued)

**West Virginia University Health System and Controlled Entities**  
**Consolidated Balance Sheets**  
**December 31, 2025 and 2024**  
(in thousands)

	<u>2025</u>	<u>2024</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Lines of credit	\$ 92,509	\$ 66,275
Current maturities of long-term debt	149,195	207,899
Accounts payable, accrued expenses and other	580,438	472,514
Estimated third-party payor settlements	9,676	40,954
Salaries and benefits payable	339,449	243,311
Accrued interest payable	7,762	5,687
Current portion of malpractice costs	39,830	24,672
	<u>1,218,859</u>	<u>1,061,312</u>
<b>Long-Term Debt, Net</b>	2,414,443	1,960,970
<b>Malpractice Costs</b>	97,367	74,474
<b>Right-of-Use Operating Lease Obligations</b>	41,660	36,445
<b>Derivative Financial Instruments</b>	9,674	8,633
<b>Pension Liability</b>	49,362	55,279
<b>Other Liabilities</b>	45,011	36,929
	<u>3,876,376</u>	<u>3,234,042</u>
<b>Net Assets</b>		
Net assets without donor restrictions		
Controlling interest	4,016,384	3,156,899
Noncontrolling interest	(5,941)	1,800
	<u>4,010,443</u>	<u>3,158,699</u>
Net assets with donor restrictions		
Controlling interest	92,727	65,838
Noncontrolling interest	19,350	21,696
	<u>112,077</u>	<u>87,534</u>
<b>Total net assets</b>	<u>4,122,520</u>	<u>3,246,233</u>
<b>Total liabilities and net assets</b>	<u>\$ 7,998,896</u>	<u>\$ 6,480,275</u>

**West Virginia University Health System and Controlled Entities**  
**Consolidated Statements of Operations**  
**Years Ended December 31, 2025 and 2024**  
**(in thousands)**

	<b>2025</b>	<b>2024</b>
<b>Operating Revenues</b>		
Net patient service revenue	\$ 7,382,490	\$ 5,847,379
Outpatient pharmacy revenues	847,229	672,629
Other revenues	327,596	244,154
Total operating revenues	<u>8,557,315</u>	<u>6,764,162</u>
<b>Operating Expenses</b>		
Salaries and wages	2,730,046	2,328,876
Employee benefits	830,324	711,874
Supplies	1,805,136	1,536,470
Physician support	644,018	535,855
Professional fees and purchased services	423,501	352,383
Maintenance and repairs	189,023	163,782
Licenses and taxes	387,337	184,759
Depreciation and amortization	300,941	253,442
Interest	95,912	81,277
Other	509,170	435,639
Total operating expenses	<u>7,915,408</u>	<u>6,584,357</u>
Operating income	<u>641,907</u>	<u>179,805</u>
<b>Nonoperating Income (Loss)</b>		
Investment income, net	224,261	152,532
Inherent contributions	70,143	-
Change in fair value of derivative financial instruments, net	(1,041)	5,017
Loss on refinancing	(476)	(743)
Other, net	4,512	4,930
Total nonoperating income	<u>297,399</u>	<u>161,736</u>
Revenues in excess of expenses	939,306	341,541
Change in noncontrolling interest	<u>1,110</u>	<u>2,716</u>
Revenues in excess of expenses attributable to controlling interest	940,416	344,257
<b>Pension Liability Adjustment</b>	(2,034)	11,295
<b>Transfers to the School of Medicine</b>	(48,743)	(24,017)
<b>Contributions of and Grants for Long-Lived Assets</b>	620	14,643
<b>Net Assets Released from Restrictions for Long-Lived Assets</b>	4,692	4,692
<b>Other</b>	<u>(35,466)</u>	<u>(6,310)</u>
<b>Change in Net Assets Without Donor Restrictions, Controlling Interest</b>	<u>\$ 859,485</u>	<u>\$ 344,560</u>

**West Virginia University Health System and Controlled Entities**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended December 31, 2025 and 2024**  
(in thousands)

	<u>2025</u>	<u>2024</u>
<b>Changes in Net Assets Without Donor Restrictions, Controlling Interest</b>		
Revenues in excess of expenses	\$ 940,416	\$ 344,257
Pension liability adjustment	(2,034)	11,295
Transfers to the School of Medicine and strategic initiatives	(48,743)	(24,017)
Contributions and grants for/of long-lived assets	620	14,643
Net assets released from restrictions for long-lived assets	4,692	4,692
Other	(35,466)	(6,310)
	<u>859,485</u>	<u>344,560</u>
<b>Changes in Net Assets Without Donor Restrictions, Noncontrolling Interest</b>		
Change in noncontrolling interest	(1,110)	(2,716)
Noncontrolling interest net asset contributions, net	(6,631)	2,250
	<u>(7,741)</u>	<u>(466)</u>
<b>Changes in Net Assets With Donor Restrictions</b>		
Change in restricted assets held by affiliated foundations	1,070	1,984
Contributions and grants	28,713	3,261
Net assets released from restrictions, noncontrolling interest	(2,346)	(2,346)
Net assets released from restrictions for long-lived assets and operations	(2,894)	(2,542)
	<u>24,543</u>	<u>357</u>
Change in net assets	876,287	344,451
<b>Net Assets, Beginning of Year</b>	<u>3,246,233</u>	<u>2,901,782</u>
<b>Net Assets, End of Year</b>	<u>\$ 4,122,520</u>	<u>\$ 3,246,233</u>

**West Virginia University Health System and Controlled Entities**  
**Consolidated Statements of Cash Flows**  
**Years Ended December 31, 2025 and 2024**  
(in thousands)

	<u>2025</u>	<u>2024</u>
<b>Operating Activities</b>		
Change in net assets	\$ 876,287	\$ 344,451
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	300,941	253,442
Amortization of debt issuance costs, premiums and discounts included in interest expense	(1,370)	(1,271)
Net realized and unrealized gains on investments	(152,215)	(104,575)
Change in fair value of derivative financial instruments	1,041	(5,017)
Non-controlling interest net asset contributions	6,631	(2,250)
Pension liability adjustment	2,034	(11,295)
Inherent contributions	(70,143)	-
Change in value of restricted assets held by third parties	(3,375)	(283)
Restricted contributions of property and grants	(28,713)	(3,261)
Changes in assets and liabilities		
Patient accounts receivable	14,806	345
Other receivables	48,105	(23,717)
Estimated third-party payor settlements	(237,900)	46,842
Inventories of supplies, prepaid expenses and other assets	23,372	(50,213)
Accounts payable, accrued expenses and other	63,838	30,569
Salaries and benefits payable	96,138	44,833
Malpractice costs	32,407	(1,314)
Other	(5,842)	8,747
Net cash provided by operating activities	<u>966,042</u>	<u>526,033</u>
<b>Investing Activities</b>		
Purchases of property and equipment	(393,759)	(413,677)
Net increase of assets limited as to use and other investments	(269,360)	(31,201)
Net cash acquired through acquisitions	<u>8,379</u>	<u>-</u>
Net cash used in investing activities	<u>(654,740)</u>	<u>(444,878)</u>
<b>Financing Activities</b>		
Proceeds from the issuance of long-term debt, net	418,229	188,867
Repayment of long-term obligations	(137,663)	(102,645)
Non-controlling interest net asset contributions, net	(6,631)	2,250
Net proceeds from line of credit	<u>9,734</u>	<u>11,921</u>
Net cash provided by financing activities	<u>283,669</u>	<u>100,393</u>
Increase in cash, cash equivalents, and restricted cash	594,971	181,548
<b>Cash, Cash Equivalents, and Restricted Cash, Beginning</b>	<u>1,105,573</u>	<u>924,025</u>
<b>Cash, Cash Equivalents, and Restricted Cash, Ending</b>	<u>\$ 1,700,544</u>	<u>\$ 1,105,573</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid, net of amounts capitalized	<u>\$ 95,936</u>	<u>\$ 83,546</u>
Property and equipment additions included in accounts payable	<u>\$ 17,296</u>	<u>\$ 16,429</u>
Financing leases for purchase of property and equipment	<u>\$ 55,347</u>	<u>\$ 35,680</u>

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

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**Note 1. Organizational Structure and Nature of Operations**

West Virginia United Health System, Inc. d/b/a West Virginia University Health System (WVUHS or the System) is a not-for-profit corporation serving as the parent organization of an integrated healthcare network.

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

The accompanying consolidated financial statements include WVUHS and the following subsidiaries:

- West Virginia University Hospitals, Inc. (WVUH), a not-for-profit academic medical center in Morgantown, West Virginia
  - United Summit Center, Inc. (USC), a not-for-profit community mental health facility in Clarksburg, West Virginia
  - Recovery Properties, LLC, a limited liability company, wholly owned by WVUH, to manage the building / real estate upon which WVUH operates a 40-unit detox and addiction recovery program
- United Hospital Center, Inc. (UHC), a not-for-profit acute care hospital in Bridgeport, West Virginia
  - United Health Foundation, Inc. (UHF), a not-for-profit corporation to primarily benefit UHC through activities and fundraising
  - United Physicians Care, Inc. (UPC), a not-for-profit corporation that operates family practice clinics in north central West Virginia
- West Virginia University Hospitals – East, Inc. (WVU Hospitals – East), a not-for-profit system consisting of
  - Berkeley Medical Center (BMC), a not-for-profit acute care hospital in Martinsburg, West Virginia
  - Jefferson Medical Center (JMC), a not-for-profit critical access hospital in Ranson, West Virginia
  - University Healthcare Foundation, Inc. (University Healthcare), a not-for-profit corporation which supports fundraising for WVU Hospitals – East
- Camden Clark Health Services, Inc. (CCHS), a not-for-profit corporation consisting of
  - Camden Clark Medical Center (CCMC), a not-for-profit acute care hospital located in Parkersburg, West Virginia
  - Camden Clark Foundation (CCF), a not-for-profit corporation formed to support CCMC by fundraising and other activities
  - Camden Clark Physician Corporation (CCPC), a not-for-profit corporation that operates physician practices in and around Wood County, West Virginia
  - Ohio Valley Health Corporation (OVHC), a skilled nursing facility in Wood County, West Virginia
- Potomac Valley Hospital of W. Va., Inc. (PVH), a not-for-profit critical access hospital in Keyser, West Virginia
- St. Joseph’s Hospital of Buckhannon, Inc. (SJH), a not-for-profit acute care critical access hospital located in Buckhannon, West Virginia
  - St. Joseph’s Foundation of Buckhannon, Inc. (SJHF), a not-for profit corporation that supports SJH by securing charitable donations to enhance patient care and services
- Reynolds Memorial Hospital (RMH), a not-for-profit acute care hospital in Glen Dale, West Virginia
- Braxton County Memorial Hospital, Inc. (BCMh), a not-for-profit critical access hospital located in Gassaway, West Virginia

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

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- The West Virginia Health Care Cooperative, Inc. d/b/a Summersville Regional Medical Center (SRMC), a not-for-profit critical access hospital located in Summersville, West Virginia
- Community Health Association d/b/a Jackson General Hospital (JGH), a not-for-profit critical access hospital located in Ripley, West Virginia
- Wetzel County Hospital, Inc. (WCH), a not-for-profit hospital located in New Martinsville, West Virginia
- Uniontown Hospital (UH), a not-for-profit acute care hospital located in Uniontown, Pennsylvania
- Wheeling Hospital, Inc. (WH), a not-for-profit acute care hospital in Wheeling, West Virginia
  - Medical Park Foundation (MPF), a not-for-profit corporation which raises contributions solely for the use of WH controlled entities
  - Wheeling Hospital Ambulatory Surgery Center, LLC (WHASC), a not-for-profit corporation located in Bridgeport, Ohio that specialized in outpatient procedures
  - Continuous Care Center (CCC), a 144-bed skilled and intermediate care center, operated by Wheeling Hospital
  - WH Holdings, II, Inc. (WHH), a non-profit corporation to be used for any future endeavors
- Harrison Community Hospital, Inc. (HCH), a not-for-profit critical access hospital in Cadiz, Ohio
- Barnesville Hospital Association, Inc. (BHA), a not-for-profit critical access hospital located in Belmont County, Ohio
  - Belmont County Health Services, Inc. (BCHS), a for-profit corporation which operates retail pharmacies in Belmont and Cadiz, Ohio
- GRMC, Inc. d/b/a Garrett Regional Medical Center (GRMC), a not-for-profit corporation acute care hospital in Oakland, Maryland
  - Professional Emergency Physician Services, LLC (PEPS), an limited liability company that provides professional emergency services to GRMC
  - Garrett Anesthesia Services, LLC (GAS), a limited liability company that provided anesthesia service to patients undergoing surgical procedures at GRMC (GAS was dissolved effective January 28, 2026)
  - Specialty Physicians of Garrett County, LLC (SPGC), a limited liability company designed to facilitate the recruitment of physicians to provide specialty services in and around Garrett County, Maryland
- Herbert J. Thomas Memorial Hospital Association d/b/a Thomas Hospitals (TH), a not-for-profit acute care hospital with campuses located in South Charleston and Charleston, West Virginia
  - Thomas Health System Physician Partners, Inc. (THSPP), a corporation formed to employ physicians working for TH
  - TMH Services, Inc. (TMHS), a corporation that provides services including the sales and rental of communications equipment and other services
  - The Foundation for the Thomas Memorial and Saint Francis Hospitals, Inc. (THF), a non-profit formed primarily for fundraising to benefit TH
- Princeton Community Hospital Association, Inc. (PCH), a not-for-profit acute care hospital located in Princeton, West Virginia
  - Princeton Community Hospital Foundation, Inc. (PCHF), a non-profit formed primarily for fundraising to benefit PCH and to manage Princeton Health & Fitness Center
- Grant Memorial Hospital, Inc. (GMH), a not-for-profit critical access hospital in Petersburg, West Virginia
- Weirton Medical Center, Inc. (WMC), a not-for-profit acute care hospital in Weirton, West Virginia
  - WMC Physician Practices, LLC (WPP), a limited liability company formed to employ physicians working for WMC

**Other consolidated and affiliated entities:**

- Allied Health Services, Inc. (AHS), a for-profit laundry services provider
- Allied Health Sourcing Solutions, LLC (AHS GPO), a for-profit limited liability company, which is majority owned (72%) by AHS, LLC, and which is organized to serve as a group purchasing organization and providing supply chain management services
- AHS LLC, a single member LLC employee organization

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

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- Augusta Insurance Company, Ltd., a Cayman Islands wholly owned captive insurance company supporting a unified insurance program for WVUHS, while remaining flexible to meet unique needs that may vary across WVUHS (Note 12)
- Gateway Home Care, LLC, d/b/a WVUHS Home Medical Equipment, a limited liability company providing durable medical equipment in various West Virginia counties within WVUHS' service area
- Ohio Valley Ambulatory Surgery Center, LLC (OVASC), a limited liability company, which is majority owned (65.91%) by CCMC and which operates an ambulatory surgery center located in Belpre, Ohio
- Peak Health, LLC (Peak), a limited liability company, majority owned (77%) by WVUHS through Peak Health Holdings, LLC (PHH), that performs third-party administrative services on behalf of self-insured employer-sponsored group health benefit plans, including for its own non-profit members
- Peak Health Insurance Corporation (PHIC), a domestic accident and sickness insurer, which is majority owned (92%) by PHH, and is licensed to offer government and commercial health insurance, as well as Medicare Advantage and other insurance products in West Virginia and Pennsylvania
- Population Health Services, LLC (PHS), a single-member limited liability company organized to provide population health infrastructure, services, resources, education and support to both health care payers and providers
- Fayette Physician Network, Inc. d/b/a System Medical Group (SMG), a not-for-profit corporation that operates physician practices and provides physician staffing to and on behalf of WVUHS entities
- WVUHS Home Care, LLC (WVUHC), a not-for-profit limited liability company providing home health and hospice services across WV, PA, and OH
- West Virginia University Innovation Corporation (WVUIC), a not-for-profit corporation majority controlled (75%) by WVUHS, which is focused on providing facilities, resources, and support to facilitate economic development and medical research

## **Note 2. Significant Accounting Policies**

### ***Principles of Consolidation***

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

### ***Use of Estimates***

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

### ***Cash and Cash Equivalents***

Cash and cash equivalents include certain investments in highly-liquid debt instruments purchased with a maturity of three months or less, excluding assets whose use is limited. The carrying amount of cash and cash equivalents approximates fair value. The System maintains cash and cash equivalent accounts that may, at times, exceed federally insured limits. The System has not experienced any losses from maintaining these accounts in excess of federally insured limits. Management believes it is not subject to significant risks associated with these accounts.

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

Following is a reconciliation of cash, cash equivalents and restricted cash as presented in the accompanying consolidated statements of cash flows as of December 31 (in thousands):

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 1,230,209	\$ 835,733
Assets whose use is limited	428,897	255,783
Restricted assets held by third-parties	<u>41,438</u>	<u>14,057</u>
Total cash, cash equivalents and restricted cash shown in the accompanying consolidated statements of cash flows	<u>\$ 1,700,544</u>	<u>\$ 1,105,573</u>

Amounts included in restricted cash held in assets whose use is limited represent those set aside by the Board of Directors (Board). Amounts included in restricted cash within restricted assets held by third parties represent those held by foundations and restricted as to use by donor restriction.

***Patient Accounts Receivable***

Patient accounts receivable are primarily paid by federal and state governmental authorities (under the Medicare and Medicaid programs), managed health plans, commercial insurance companies, workers' compensation programs, employers and patients. Patient accounts receivable are reported at net realizable value. For accounts receivable associated with services provided to patients who have third-party coverage, the System estimates net realizable value based on the estimated contractual reimbursement percentage, which in turn is based on current contract provisions and historical paid claims by payor.

For self-pay accounts, including uninsured and patient responsibility accounts, the net realizable value is determined using historical collection experience, adjusted for estimated conversions of patient responsibility portions, expected recoveries and changes in trends to estimate implicit price concessions.

The System does not believe there are any significant concentrations of revenues from any particular payor that would subject the System to any significant credit risks in the collection of patient accounts receivable. Management continually reviews the estimated net realizable value of accounts receivable by monitoring cash collections, economic conditions and trends, changes in payor mix, changes in federal or state healthcare coverage and other matters. Changes in general economic conditions, patient accounting service center operations, payor mix, or payor claim processing could affect collections of accounts receivable, cash flows and results of operations.

The System performs periodic assessments to determine if an allowance for expected credit losses is necessary. The System considers its incurred loss experience and adjusts for known and expected events and other circumstances. In estimating its expected credit losses, the System may consider changes in the length of time its receivables have been outstanding, changes in credit ratings for payors, requests from payors to alter payment terms due to financial difficulty, and notices of payor bankruptcies or payors entering receivership. Because the System's accounts receivable is typically paid for by highly-solvent, creditworthy payors, such as Medicare, Medicaid, other governmental programs, and highly-regulated commercial insurers on behalf of the patient, the System's credit losses are not significant to the consolidated financial statements.

The mix of accounts receivable at December 31, 2025 and 2024, from patients and third-party payors is as follows:

	<u>2025</u>	<u>2024</u>
Medicare	24%	22%
Medicaid	10%	11%
Blue Cross	27%	24%
Commercial, managed care and other	36%	40%
Patients	<u>3%</u>	<u>3%</u>
Total	<u>100%</u>	<u>100%</u>

**West Virginia University Health System and Controlled Entities**  
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Patient accounts receivable was approximately \$774,213,000, \$755,447,000 and \$755,792,000 for the years ended December 31, 2025, 2024 and 2023, respectively.

***Other Receivables***

Other receivables consist primarily of specialty pharmacy accounts receivable, PHS revenue earned but not yet received, and employee and dependent tuition balances. The System provides an allowance for credit losses, which is based upon a review of outstanding receivables, historical collection information, and existing economic conditions adjusted for current conditions and reasonable and supportable forecasts. The System has considered the various factors and determined an allowance for expected credit losses is not significant to the consolidated financial statements.

***Inventories of Supplies***

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

***Assets Whose Use is Limited***

Assets whose use is limited include assets set aside by the Board for future capital improvements or strategic initiatives over which the Board retains control and may, at its discretion, subsequently use for other purposes; assets held by trustees under debt agreements; assets designated for malpractice programs; and assets held by the foundations. Amounts required to meet current maturities of certain debt and the current portion of malpractice costs have been classified as current in the consolidated balance sheets.

Investments in equity securities with readily determinable fair values, debt securities, exchange traded funds and mutual funds are measured at fair value. Investments in hedge funds, private equity funds and other limited partnerships are measured at net asset value.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law.

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

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

***Restricted Assets Held by Third-Parties***

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

Restricted assets held by third-parties also include amounts in which an entity is the beneficiary of a perpetual income trust held by a third party. Income received from the trust, the use of which has not been restricted by the donors, is included in investment income. Valuation gains and losses are classified as increases or decreases in net assets with donor restrictions.

**West Virginia University Health System and Controlled Entities**  
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***Property and Equipment***

Property and equipment acquisitions costing more than \$5,000 individually or \$10,000 in the aggregate and having a useful life longer than two years are capitalized and recorded at cost. Depreciation is provided by use of straight-line method over the estimated useful lives of the assets based on the following estimated useful lives:

Land improvements	10—15 years
Buildings and building improvements	10—40 years
Equipment including leased assets	2—8 years
Leasehold improvements	2—10 years

Equipment under financing leases is amortized on a straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Depreciation expense, including amortization of equipment under finance leases, was approximately \$294,608,000 and \$248,722,000 during the years ended December 31, 2025 and 2024, respectively.

Routine maintenance, repairs, and minor improvements are expensed as incurred.

Gifts of long-lived assets such as land, buildings, or equipment, are recorded at fair value and reported as increases in net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as increases in net assets with donor restrictions unless the restrictions are met in the same period as receipt, in which case such amounts are classified within net assets without donor restrictions. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

***Impairment of Property and Equipment***

Property and equipment are evaluated for impairment whenever events or changes in circumstances indicate the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. If expected cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets and reported in the non-operating section of the consolidated statement of operations. There was no asset impairment recognized during the years ended December 31, 2025 and 2024.

***Leases***

At lease inception, the System determines whether an arrangement is or contains a lease. Operating leases are included in operating lease right-of-use (ROU) assets, accounts payable, accrued expenses, and other and noncurrent lease liabilities in the accompanying consolidated financial statements. Finance leases are included in property and equipment, current liabilities and long-term liabilities in the accompanying consolidated financial statements. ROU assets represent the System's right to use leased assets over the term of the lease. Lease liabilities represent the System's contractual obligation to make lease payments over the lease term.

For operating leases, ROU assets and lease liabilities are recognized at the commencement date. The lease liability is measured as the present value of the lease payments over the lease term. The System uses the rate implicit in the lease if it is determinable. When the rate implicit in the lease is not determinable, the System uses its incremental borrowing rate at the commencement date of the lease to determine the present value of the lease payments. Operating ROU assets are calculated as the present value of the lease payments plus initial direct costs and any prepayments less any lease incentives received. Lease terms may include renewal or extension options to the extent they are reasonably certain to be exercised. The assessment of whether renewal or extension options are reasonably certain to be exercised is made at lease commencement. Lease expense is recognized on a straight-line basis over the lease term. The System has elected not to recognize a ROU asset and obligation for leases with an initial term of twelve months or less. The expense associated with short-term leases is included in other operating expenses in the accompanying consolidated statements of operations.

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For finance leases, after lease commencement, the lease liability is measured on an amortized cost basis and increased to reflect interest on the liability and decreased to reflect the lease payment made during the period. Interest on the lease liability is determined each period during the lease term as the amount that results in a constant period discount rate on the remaining balance of the liability. The ROU asset is subsequently measured at cost, less any accumulated amortization and any accumulated impairment losses. Amortization on the ROU asset is recognized over the period from the commencement date to the earlier of (1) the end of the useful life of the ROU asset, or (2) the end of the lease term. The discount rate used by the System for finance leases is generally the incremental borrowing rate, as most such leases do not provide a readily determinable implicit interest rate. To the extent a lease arrangement includes both lease and non-lease components, the components are not accounted for separately.

***Prepaid Expenses and Other Assets, Net***

Prepaid expense and other assets consists of the following as of December 31:

	<u>2025</u>	<u>2024</u>
Goodwill and other non-amortizable intangible assets	\$ 31,482	\$ 36,706
Cloud computing arrangements	19,395	24,714
Prepaid expenses and other current assets	80,500	87,538
Equity method investments	52,206	54,441
Deferred compensation	28,224	16,840
Other non-current assets	<u>41,622</u>	<u>54,782</u>
	<u>\$ 253,429</u>	<u>\$ 275,021</u>

***Goodwill and Other Non-Amortizable Intangible Assets***

Goodwill and other non-amortizable intangible assets represent the excess of the amount paid to acquire certain businesses over the fair value of the net assets purchased and identifiable intangible assets acquired. The System elected the accounting alternative for amortizing goodwill. Under this alternative, goodwill is amortized on a straight-line basis over 10 years. The System tests goodwill for impairment when there is a triggering event indicating that the fair value of the entity may be below its carrying amount.

For the years ended December 31, 2025 and 2024, amortization expense of approximately \$6,333,000 and \$4,720,000, respectively, was recognized in depreciation and amortization in the accompanying consolidated statements of operations. Amortization expense over the next five years is expected to approximate \$5,998,000 annually. In 2025, the System recognized \$1,109,000 of goodwill and other non-amortizable intangible assets related to acquisitions. In 2024, the System recognized \$4,803,000 of goodwill and other non-amortizable intangible assets related to acquisitions. Goodwill and other non-amortizable intangible assets of \$31,482,000 and \$36,706,000 at December 31, 2025 and 2024, respectively, net of accumulated amortization of \$24,423,000 and \$18,090,000 at December 31, 2025 and 2024, respectively, is included in non-current prepaid expenses and other assets, net in the accompanying consolidated balance sheets.

***Cloud Computing Arrangements***

The System has entered into hosting arrangements that are service contracts for various cloud computing arrangements. The System capitalizes implementation costs associated with these arrangements and amortizes the asset on a straight-line basis over the term of the arrangement. The System had unamortized capitalized implementation costs recorded in prepaid expenses and other assets of approximately \$19,395,000 and \$24,714,000 on the consolidated balance sheets as of December 31, 2025 and 2024, respectively. For the years ended December 31, 2025 and 2024, the System recorded approximately \$5,319,000 and \$7,782,000, respectively, of amortization expense in professional fees and purchased services on the consolidated statements of operations.

**West Virginia University Health System and Controlled Entities**  
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*Prepaid Expenses and Other Current Assets*

The System records prepaid expenditures for insurance and other contract services paid in the current or prior fiscal years and benefiting more than one accounting period.

*Equity Method Investments*

Equity method investments include the System's investment in several entities in which the System has a financial interest. Where the System has the ability to influence management or has a twenty percent but not more than fifty percent interest in the entity, the investment is recorded using the equity method of accounting and adjusted periodically to reflect the System's proportionate share of the entity's undistributed earnings or losses.

***Estimated Malpractice Costs***

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

***Debt Issuance Costs***

Costs incurred in connection with the issuance of long-term debt have been deferred and are being amortized over the term of the related debt using the straight-line method, which approximates the effective interest method. Such costs are reflected as a reduction of long-term debt in the accompanying consolidated balance sheets. Amortization of debt issuance costs was approximately \$888,000 in 2025 and \$936,000 in 2024 and is included in interest expense on the consolidated statements of operations.

***Advertising Costs***

Advertising costs are charged to operations when incurred. Advertising expense for the years ended December 31, 2025 and 2024 was approximately \$12,733,000 and \$11,346,000, respectively, and is included in other operating expenses on the consolidated statements of operations.

***Noncontrolling Interest***

The accompanying consolidated financial statements include all assets, liabilities, revenues and expenses of entities that are controlled by the System and therefore consolidated. Noncontrolling interest in the accompanying consolidated balance sheets represents the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%.

***Net Assets***

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* – net assets available for use in general operations and not subject to donor restrictions. All revenue not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

*Net Assets With Donor Restrictions* – net assets subject to donor imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

**West Virginia University Health System and Controlled Entities**  
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All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

***Measure of Operations***

The accompanying consolidated statements of operations reflect operating income, which includes all operating revenues and expenses that are an integral part of the System's healthcare services and supporting activities and net assets released from donor restrictions to support operating expenditures. Changes in revenues in excess of expenses that are excluded from operating income, consistent with industry practice, include investment income (including realized and unrealized gains and losses on investments, interest, dividends and investment expenses), changes in net unrealized gains and losses on derivative financial instruments, inherent contributions recognized from acquisitions and losses on refinancing of long-term debt and other nonoperating income or losses.

***Revenues in Excess of Expenses***

The consolidated statements of operations include the determination of revenues in excess of expenses. Changes in net assets without donor restrictions that are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, adjustments to pension obligations and contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets).

***Net Patient Service Revenue***

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

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

For uninsured patients, the System recognizes revenues on the basis of its standard rates, discounted in accordance with the System's policy. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System estimates an implicit price concession related to uninsured patients in the period the services are provided.

***Capitation Payments***

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

***Charity Care***

The System provides care to patients who meet certain criteria under its patient financial assistance policy without charge or at amounts less than its established rates. Because the System does not pursue collections of amounts determined to qualify as charity care, they are not reported as patient service revenues. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The estimated cost of charity care provided by the System was approximately \$41,671,000 in 2025 and \$28,949,000 in 2024.

**West Virginia University Health System and Controlled Entities**  
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***Contributions***

Contributions are provided to the System either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. Unconditional gifts are recognized at the fair value or estimated fair value at the date of the gift. Gifts expected to be collected within one year are recognized at net realizable value with amounts expected to be collected after that reported at fair value using the discounted present value of estimated future cash flows.

***Medicaid Provider Tax***

The West Virginia Broad Based Health Care Related Tax of 1993 assesses a tax on net patient service revenues at rates ranging from 1.75% to 5.50%, depending on the type of services provided. Additionally, the West Virginia Department of Tax and Revenue assesses a tax on net patient service revenues related to the Directed Payment Program (DPP), formerly known as the Upper Payment Limit (UPL) program (Note 3). The System incurred related taxes of approximately \$324,729,000 in 2025 and \$146,424,000 in 2024, which are included in other operating expenses in the accompanying consolidated statements of operations.

***Federal and State Income Taxes***

Most of the entities that comprise the System are tax-exempt organizations and not subject to federal or state income taxes in accordance with Section 501(c)(3) of the Internal Revenue Code. On such basis, they will not incur any liability for income taxes, except for possible unrelated business income. AHS, BCHS, PHIC, HPN, and TMHS are organizations subject to federal and/or state income taxes. The System does not have any material uncertain tax positions as of December 31, 2025 and 2024.

***Health Insurance Benefits***

The System self-funds its employee health insurance coverages and accrues the estimated costs of incurred and reported and incurred but not reported claims, based upon data provided by the third-party administrators of the programs and its historical claims experience.

***Revision***

Certain immaterial revisions have been made to the 2024 consolidated financial statements for the categorization of fair value measurements within the fair value hierarchy and categorizations of amounts included in the consolidated statements of cash flows related to property and equipment additions included in accounts payable. These revisions did not have a significant impact on the consolidated financial statement line items impacted.

***Subsequent Events***

The System evaluated subsequent events for recognition or disclosure through April 16, 2026, the date the consolidated financial statements were issued.

**Note 3. Net Patient Service Revenues**

Patient care service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurer and government programs) and others. This also includes variable consideration for retroactive revenue adjustments due to settlement of audit, reviews and investigations by third-party payors. Generally, the System bills patients and third-party payors several days after services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligations.

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Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission to the hospital to the point when the hospital is no longer required to provide services to that patient, which is generally the time of discharge. Revenue for performance obligations satisfied at a point in time generally relate to patients receiving outpatient services or patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the System does not believe it is required to provide additional goods or services.

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy and implicit price concessions provided to uninsured patients and patients with third-party payer arrangements that require a copayment or deductible.

The System determines its estimates of explicit price concessions based on contractual agreements, or discount policies and historical experience. Estimated uncollectible amounts from patients are considered implicit price concessions and, therefore, included in net patient service revenues. The System determines its estimate of implicit price concessions based on its experience with this class of patients using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Management believes that the financial effects of using this practical expedient are not materially different from an individual contract approach.

Management has determined that the System has an unconditional right to payment only subject to the passage of time for services provided to date based on just the need to either finalize billing for such services (i.e., charge lag) or to discharge the patient and bill for such services for patients who are still receiving inpatient care in the System's facilities at the consolidated balance sheet date.

Accordingly, the System accrues revenues and the related accounts receivables for services performed but not yet billed at the consolidated balance sheet date for in-house patients. Thus, management has determined that the System does not have any amounts that should be reflected separately as contract assets.

The System does not recognize the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the System's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the System does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract. Additionally, all incremental customer contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the System otherwise would have recognized is one year or less in duration.

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A significant portion of the System's net patient service revenues are derived from the following third-party payor programs. Revenues received under third-party arrangements are subject to audit and retroactive adjustment.

The System has considered the various factors and determined an allowance for expected credit losses is not significant to the consolidated financial statements.

**West Virginia University Health System and Controlled Entities**  
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A summary of the payment arrangements with major third-party payors follows:

*Medicare*

The majority of the System's inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits, which are subject to retroactive audit and adjustment. Physician services are paid based upon established fee schedules. The System's critical access hospitals are reimbursed based on allowable costs for all services rendered to Medicare and Medicaid beneficiaries.

The Medicare cost reports for certain hospitals within the System have been settled by the Medicare fiscal intermediary through various years ranging from 2017 to 2022.

*Medicaid*

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

The State of West Virginia's disproportionate share plan reimburses hospitals in the State that provide Medicaid services and meet other eligibility criteria. Under the disproportionate share program, the System received approximately \$32,922,000 in 2025 and \$23,175,000 in 2024, which is included in patient service revenues in the accompanying consolidated statements of operations.

The State of West Virginia increases Medicaid reimbursement to qualified hospitals for services to Medicaid-eligible patients. Supplemental payments may be received in an amount up to the difference between current reimbursement and the maximum permissible payments under DPP regulations. The DPP payments are recorded in the period in which they are earned. The System earned DPP revenue of approximately \$773,266,000 in 2025 and \$170,769,000 in 2024, which is included in patient service revenues in the accompanying consolidated statements of operations. The laws and regulations governing DPP reimbursement are complex and subject to interpretation. DPP reimbursement is funded by a portion of the Medicaid Provider Tax (Note 2). There is risk that federal policy may change in the future in a way that might limit or eliminate the DPP payments but maintain the Provider Tax.

*Blue Cross*

Inpatient and outpatient services rendered to Blue Cross subscribers are paid at either prospectively determined rates per case or discounts from established charges. Revenues from Blue Cross were approximately 24% in 2025 and 21% in 2024 of total net patient service revenues.

*Other Payors*

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

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which in some instances, have resulted in organizations entering into significant settlement agreements.

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Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations and it is not possible to determine the impact (if any) such claims or penalties would have upon the System. The results of such governmental review could include fines, penalties and exclusion from participation in the Medicare and Medicaid programs. In addition, the contracts the System has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with each payor, correspondence from such payor and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved.

Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, review, and investigations. Adjustments arising from a change in the transaction price increased net patient service revenue approximately \$4,991,000 and \$10,232,000 for the years ended December 31, 2025 and 2024, respectively.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The System also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The System estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge for any discounts and price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as credit loss expense.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, the System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the System expects to collect based on its collection history with those patients.

The System has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors, geography, service lines, and method of reimbursement. The System's revenues from third-party payors and others (including uninsured patients) for the years ended December 31, 2025 and 2024 are summarized in the following tables (in thousands):

	<b>2025</b>	
	<b>Total</b>	<b>Ratio</b>
Medicare & Medicare managed care	\$ 2,568,466	35%
Medicaid & Medicaid managed care	1,380,536	19%
Commercial insurers	3,307,287	45%
Other	<u>126,201</u>	<u>1%</u>
Revenues	<u>\$ 7,382,490</u>	<u>100%</u>

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	<b>2024</b>	
	<b>Total</b>	<b>Ratio</b>
Medicare & Medicare managed care	\$ 2,133,579	37%
Medicaid & Medicaid managed care	702,625	12%
Commercial insurers	2,944,119	50%
Other	<u>67,056</u>	<u>1%</u>
Revenues	<u>\$ 5,847,379</u>	<u>100%</u>

Revenue from payment of deductibles and coinsurance by patients and guarantors are included in the categories presented above based on the primary payor.

**Note 4. Assets Whose Use is Limited**

The composition of assets whose use is limited at December 31, 2025 and 2024 is as follows (in thousands):

	<b>2025</b>	<b>2024</b>
Cash and cash equivalents	\$ 428,897	\$ 255,783
U.S. Government and agency obligations	293,755	165,052
Marketable equity securities	3,478	98,745
Marketable debt securities	75,530	41,416
Mutual funds		
Domestic equity	37,182	10,889
International equity	152,762	106,323
Domestic fixed income	193,948	187,993
Global bonds	27,368	4,631
Natural resources	67,810	62,337
Exchange traded funds, domestic equity	579,148	333,360
Exchange traded funds, domestic fixed income	529	17,367
Exchange traded funds, international equity	132,929	79,288
Alternative investments	<u>525,896</u>	<u>500,400</u>
Total assets whose use is limited	2,519,232	1,863,584
Less: current portion of assets whose use is limited	<u>(39,047)</u>	<u>(32,670)</u>
Noncurrent portion of assets whose use is limited	<u>\$ 2,480,185</u>	<u>\$ 1,830,914</u>

The System has commitments for the additional purchase of ownership in limited partnerships (private equity and venture capital funds), which are classified as alternative investments in the table above. Total unfunded commitments at December 31, 2025 and 2024 were approximately \$93,315,000 and \$114,935,000, respectively, and are due over approximately the next ten years. Funding for these commitments is expected to come from board-designated funded depreciation assets.

Investment income, gains and losses included in net assets without donor restrictions are comprised of the following in 2025 and 2024 (in thousands):

	<b>2025</b>	<b>2024</b>
Investment income		
Interest and dividend income	\$ 82,424	\$ 57,838
Fees	(10,378)	(9,881)
Net realized and unrealized gains	<u>152,215</u>	<u>104,575</u>
Total	<u>\$ 224,261</u>	<u>\$ 152,532</u>

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

**Note 5. Fair Value Measurements and Financial Instruments**

The System measures its assets whose use is limited, restricted assets held by third-parties, other investments, and derivative financial instruments on a recurring basis in accordance with accounting principles generally accepted in the United States. Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

- Level 1** Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available.
- Level 2** Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the same term of the asset or liability through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.
- Level 3** Fair value is based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques. Significant changes in these inputs could result in significant increases or decreases in fair value.

The System has elected the practical expedient to estimate the fair value of certain alternative investments using the net asset value per share (NAV). There were no transfers into Level 3 during the years ended December 31, 2025 and 2024.

The fair value of financial instruments listed below was determined using the following valuation hierarchy at December 31, 2025 (in thousands):

	<b>Quoted Prices In Active Markets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Unobservable Inputs (Level 3)</b>	<b>NAV (A)</b>	<b>Total</b>
Assets – recurring fair value measurements					
Assets whose use is limited					
Cash and cash equivalents	\$ 428,897	\$ -	\$ -	\$ -	\$ 428,897
U.S. Government and agency obligations	117,718	176,037	-	-	293,755
Marketable equity securities	3,478	-	-	-	3,478
Marketable debt securities	185	37,040	-	38,305	75,530
Mutual funds					
Domestic equity	37,182	-	-	-	37,182
International equity	114,128	38,634	-	-	152,762
Domestic fixed income	58,649	135,299	-	-	193,948
Global bonds	27,368	-	-	-	27,368
Natural resources	67,810	-	-	-	67,810
Exchange traded funds, domestic equity	579,148	-	-	-	579,148
Exchange traded funds, domestic fixed income	529	-	-	-	529
Exchange traded funds, International equity	132,929	-	-	-	132,929
Alternative investments	-	-	-	525,896	525,896
Total assets whose use is limited investments at fair value	<u>\$ 1,568,021</u>	<u>\$ 387,010</u>	<u>\$ -</u>	<u>\$ 564,201</u>	<u>\$ 2,519,232</u>

**West Virginia University Health System and Controlled Entities**  
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Restricted assets held by third-parties					
Cash and cash equivalents	\$ -	\$ -	\$ 41,438	\$ -	\$ 41,438
Other	-	-	9,551	-	9,551
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 50,989</u>	<u>\$ -</u>	<u>\$ 50,989</u>
Liabilities – recurring fair value measurements					
Derivative financial instruments	\$ -	\$ 9,674	\$ -	\$ -	\$ 9,674
Assets disclosed at fair value					
Cash and cash equivalents	\$ 1,230,209	\$ -	\$ -	\$ -	\$ 1,230,209

The fair value of financial instruments listed below was determined using the following valuation hierarchy at December 31, 2024 (in thousands):

	<u>Quoted Prices In Active Markets (Level 1)</u>	<u>Other Observable Inputs (Level 2)</u>	<u>Unobservable Inputs (Level 3)</u>	<u>NAV (A)</u>	<u>Total</u>
Assets – recurring fair value measurements					
Assets whose use is limited					
Cash and cash equivalents	\$ 255,783	\$ -	\$ -	\$ -	\$ 255,783
U.S. Government and agency obligations	14,878	150,174	-	-	165,052
Marketable equity securities	16,380	82,365	-	-	98,745
Marketable debt securities	-	19,552	-	21,864	41,416
Mutual funds					
Domestic equity	10,889	-	-	-	10,889
International equity	83,174	23,149	-	-	106,323
Domestic fixed income	86,024	101,969	-	-	187,993
Global bonds	4,631	-	-	-	4,631
Natural resources	62,337	-	-	-	62,337
Exchange traded funds, domestic equity	333,360	-	-	-	333,360
Exchange traded funds, domestic fixed income	17,367	-	-	-	17,367
Exchange traded funds, International equity	79,288	-	-	-	79,288
Alternative investments	-	-	-	500,400	500,400
Total assets whose use is limited investments at fair value	<u>\$ 964,111</u>	<u>\$ 377,209</u>	<u>\$ -</u>	<u>\$ 522,264</u>	<u>\$ 1,863,584</u>
Other investments					
Marketable equity securities	\$ 15,952	\$ 2,345	\$ -	\$ -	\$ 18,297
Restricted assets held by third-parties					
Cash and cash equivalents	\$ -	\$ -	\$ 14,057	\$ -	\$ 14,057
Other	-	-	6,176	-	6,176
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 20,233</u>	<u>\$ -</u>	<u>\$ 20,233</u>
Liabilities – recurring fair value measurements					
Derivative financial instruments	\$ -	\$ 8,633	\$ -	\$ -	\$ 8,633
Assets disclosed at fair value					
Cash and cash equivalents	\$ 835,733	\$ -	\$ -	\$ -	\$ 835,733

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the accompanying consolidated balance sheets.

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

The following table presents the nature and risk of investments reported at NAV as of December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Marketable opportunistic fixed income	\$ 38,305	\$ 21,864
Alternative investments		
Hedge funds		
Diversifying strategies	112,672	95,231
Private investments		
Venture capital	232,361	215,275
Buyouts	62,037	85,062
Private opportunistic fixed income	19,977	22,912
Natural resources - private	26,898	30,261
Real estate - private	38,865	37,136
Co-investments	-	8,781
Growth equity	24,202	-
Infrastructure	8,884	5,742
Total	<u>\$ 564,201</u>	<u>\$ 522,264</u>

**Hedge Funds**

The System invests in certain equity and fixed income strategies which, due to lockups, are classified as hedge funds. These investments are estimated using the NAV provided by the hedge fund managers as a practical expedient due to varying levels of determinable fair values and potential inability for redemption. Certain hedge funds may permit partial liquidity upon redemption with the remaining illiquid assets possessing no definite schedule for distribution. The investments in these strategies are in assets located both in and outside the United States.

**Buyouts, Venture Capital, and Growth Equity**

The System invests in buyouts, venture capital and growth equity funds that are limited partnerships and not publicly traded. These funds have investments in private companies located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the funds as the fund matures. Redemptions are not permitted during the life of the partnerships. Partnership lives are generally 10 years with an option to extend an additional 2 to 3 years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

**Co-Investments**

The System invests in co-investments that are limited partnerships and not publicly traded. These vehicles are unique from other private market funds as they are an additional investment in a single private company and can be located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the co-investment vehicle whenever the investment is realized or distributes dividends. Redemptions are not permitted during the life of the partnerships. Partnership lives are generally 10 years with an option to extend additional years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

**Private Opportunistic Fixed Income**

The System invests in private opportunistic fixed income funds (distressed debt, mezzanine, and private credit) that are limited partnerships and not publicly traded. These funds have investments in private companies located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the funds as the fund matures. Redemptions are not permitted during the life of the partnerships. Partnership lives are generally 6 to 10 years with an option to extend an additional 2 to 3 years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

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Natural Resources - Private

The System invests in energy, timber, infrastructure, and farmland funds that are limited partnerships and not publicly traded. These funds have investments in private natural resource assets located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the funds as the funds mature. Redemptions are not permitted during the life of the partnerships. Partnership lives range from 10 to 15 years with an option to extend an additional 2 to 3 years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

Infrastructure

The System invests in private infrastructure funds that are limited partnerships and not publicly traded. These funds have investments in private infrastructure assets located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the funds as the funds mature. Redemptions are not permitted during the life of the partnerships. Partnership lives range from 10 to 15 years with an option to extend an additional 2 to 3 years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

Real Estate - Private

The System invests in real estate funds that are limited partnerships and not publicly traded. These funds have investments in properties located both in and outside the United States. Investments in this category, for which there are no readily determinable fair values, are estimated using the NAV provided by the general partner due to the inability for redemption and the lack of market prices. Distributions are made from the funds as the fund matures. Redemptions are not permitted during the life of the partnerships. Partnership lives range from 8 to 12 years with an option to extend an additional 2 to 3 years. When assets are sold, the proceeds, less any incentives due to the partnership's general partner, are to be distributed to investors.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

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

U.S. Government and agency obligations and marketable debt securities: Valued based on spreads of published interest rate curves.

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

Exchange traded funds: Valued at the quoted NAV of shares (basis for trade) held by the System at year end.

Mutual funds: Mutual funds include investments in individual mutual funds and commingled funds (fund of funds). The individual mutual funds are valued at the quoted NAV of shares (basis for trade) held by the System at year end and are considered Level 1 or 2. The System has access to a detailed listing of the underlying assets of the commingled funds, the majority of which are publicly traded, but shares of the commingled funds themselves are not publicly traded. The System is provided a NAV per share for these funds that has been calculated in accordance with investment company rules, which among other requirements indicates that the underlying investments be measured at fair value.

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

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
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Derivative financial instruments: The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instruments and was estimated using the zero-coupon discounting method. This method calculates the future payments required by the derivative financial instruments, assuming that the current forward rates implied by the yield curve are the market's best estimate of future spot interest rates. These payments are then discounted using the spot rates implied by the current yield curve for a hypothetical zero-coupon rate bond due on the date of each future net settlement payment on the derivative financial instruments. The value represents the estimated exit price the System would pay to terminate the agreements.

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

**Note 6. Property and Equipment**

Property and equipment and related accumulated depreciation consist of the following at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Land	\$ 105,018	\$ 103,169
Land improvements	111,820	105,640
Buildings and building improvements	2,127,027	1,848,335
Equipment including leased assets	2,366,943	2,062,384
Leasehold improvements	<u>64,389</u>	<u>55,549</u>
Total	4,775,197	4,175,077
Less: accumulated depreciation	<u>(2,332,049)</u>	<u>(2,086,395)</u>
	2,443,148	2,088,682
Construction in progress	<u>156,789</u>	<u>262,828</u>
Property and equipment, net	<u>\$ 2,599,937</u>	<u>\$ 2,351,510</u>

Construction in progress consists primarily of major renovation and expansion projects. Interest costs incurred on borrowed funds, net of income earned, during the period of construction of facilities are capitalized as a component of the cost of those assets. WVUHS has capitalized approximately \$1,375,000 and \$494,000 of interest associated with outstanding projects during the period ending December 31, 2025 and 2024, respectively. Purchase commitments related to these and other capital related projects were approximately \$208,786,000 and \$107,870,000 at December 31, 2025 and 2024, respectively.

**Note 7. Lines of Credit**

WVUHS maintains unsecured revolving lines of credit in the amount of \$175,000,000 which are scheduled to expire on April 1, 2027. There were borrowings outstanding of approximately \$92,509,000 and \$61,723,000 as of December 31, 2025 and 2024, respectively. Borrowings under the agreements bear interest at a variable rate determined by the Term Secured Overnight Financing Rate (SOFR) plus 0.600%.

WH maintained a revolving line of credit in the amount of \$10,000,000 which is scheduled to expire on June 30, 2026. Interest accrues at a rate per annum which is at all times equal to the sum of the daily SOFR rate plus 90 basis points. There were borrowings outstanding of approximately \$- and \$4,552,000 as of December 31, 2025 and 2024, respectively. This line of credit is secured by certain assets limited as to use of WH.

**West Virginia University Health System and Controlled Entities**  
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**Note 8. Long-Term Debt**

A summary of long-term debt at December 31, 2025 and 2024 is as follows (in thousands):

	<u>2025</u>	<u>2024</u>
West Virginia Hospital Finance Authority Bonds		
2025 Series – WVUH, UHC, BMC, WH, PCH, TH	\$ 400,655	\$ -
2023 Series – WVUH, JGH	285,930	285,930
2020 Series – WVUHS, WVUH, CCMC	335,000	335,000
2018 Series – WVUH, UHC, CCMC, BMC, JMC	516,910	524,805
2017 Series – WVUH, UHC	185,320	185,320
2016 Series – WVUH, UHC, CCMC, BMC	192,370	203,600
2015 Series – UHC, SJH, PVH	21,217	22,864
2012 Series – WVUH, UHC, CCMC, BMC, JMC, UHCF	8,055	9,520
2007 Series – UTN	27,615	29,365
Other notes payable	411,321	440,776
Finance lease obligations (see Note 14)	<u>157,455</u>	<u>120,976</u>
 Total long-term debt	 2,541,848	 2,158,156
 Net unamortized bond premium	 32,675	 20,232
Debt issuance costs	(10,885)	(9,519)
Current maturities of long-term debt	<u>(149,195)</u>	<u>(207,899)</u>
 Long-term debt, net	 <u>\$ 2,414,443</u>	 <u>\$ 1,960,970</u>

The scheduled principal repayments as of December 31, 2025 are as follows (in thousands):

**Years Ending**  
**December 31**

2026	\$ 149,195
2027	67,298
2028	105,686
2029	65,413
2030	160,335
Thereafter	<u>1,993,921</u>
 Total	 <u>\$ 2,541,848</u>

*Obligated Group*

As of December 31, 2024, the Obligated Group consisted of WVUHS, WVUH, UHC, CCMC, BMC, JMC, UHCF, RMH, SJH, PVH, BCMH, SRMC, JGH, WCH, UH, and BHA. Following the issuance of the 2025 Series Bonds in July 2025, WH, GRMC, TH, PCH, GMH, HCH, and WMC were added as new Obligated Group members. All members of the Obligated Group are jointly and severally liable for all outstanding obligations of the Obligated Group. Payments of principal and interest are collateralized by a pledge of revenues of the Obligated Group.

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

**West Virginia University Health System and Controlled Entities**  
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**December 31, 2025 and 2024**

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*2025 Series – Hospital Revenue Improvement Bonds*

In 2025, the West Virginia Hospital Finance Authority (Authority) issued \$400,655,000 of Hospital Revenue Refunding and Improvement Bonds (2025 Bonds) on behalf of the Obligated Group. The proceeds of the 2025 Bonds were used to finance the acquisition, construction, relocation, expansion, renovation, and equipping, as applicable, on behalf of WVUH, BMC, PCH, WH, UHC, and TH; refinance a TH taxable term loan; fund capitalized interest on the bonds; and pay for the costs of issuance. The 2025 Bonds include fixed rate serial bonds of \$251,100,000 maturing in 2033 through 2043, with interest rates ranging from 5.000% to 5.250% and fixed rate term bonds of \$135,335,000 maturing in 2050 with an interest rate of 5.500% and \$14,220,000 maturing in 2053 with an interest rate of 5.000%.

*2023 Series – Hospital Revenue Improvement Bonds*

In 2023, the Authority issued \$285,930,000 of Hospital Revenue Improvement Bonds (2023 Bonds) on behalf of the Obligated Group. The proceeds of the 2023 Bonds were used to reimburse the costs of construction, renovation and construction of various projects at WVUH, construction of a two-story addition including a new emergency department at JGH and pay for the costs of issuance. The 2023 Bonds include fixed rate serial bonds of \$285,930,000 maturing in 2037 through 2053, with interest rates ranging from 4.125% to 5.000%.

*2020 Series – Hospital Revenue Refunding Bonds*

In 2020, the Authority issued \$335,000,000 of Hospital Revenue Refunding and Improvement Bonds (2020 Bonds) on behalf of the Obligated Group. The proceeds of the 2020 Bonds were used to advance refund the Series 2013 Bonds; refinance the 2020 Term Loan; finance the acquisition of Wheeling Hospital; reimburse the costs of various capital improvements and equipment for WVUH; and pay for the costs of issuance. The 2020 Bonds are fixed rate taxable bonds that are scheduled to mature in 2050 with an interest rate of 3.150%.

*2018 Series – Hospital Revenue Improvement Bonds*

In 2018, the Authority issued \$567,870,000 of Hospital Revenue Refunding and Improvement Bonds (2018 Bonds) on behalf of the Obligated Group. The proceeds of the 2018 Bonds were used to advance refund certain then-outstanding debt; reimburse the costs of various capital improvements and equipment for WVUH; and pay for the costs of issuance. The outstanding 2018 Bonds include fixed rate tax-exempt term bonds of \$138,550,000 maturing in 2051 with an interest rate of 4.000% and \$80,000,000 maturing in 2052 with an interest rate of 5.000%, fixed rate taxable term bonds of \$210,850,000 maturing in 2048 with an interest rate of 4.900%, and variable rate bonds of \$87,510,000 maturing in 2033, 2034, and 2041 with interest rates ranging from 1.550% to 5.020% and 1.600% to 1.900% during the years ended December 31, 2025 and 2024, respectively.

The 2018 Series variable rate demand bonds, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. Such variable rate demand bonds are secured by letters of credit or standby bond purchase agreements, totaling \$52,895,000 and \$57,040,000 at December 31, 2025 and 2024, respectively, that do not expire within the next year.

*2017 Series – Hospital Revenue Improvement Bonds*

In 2017, the Authority issued \$185,320,000 of Hospital Revenue Improvement Bonds (2017 Bonds) on behalf of the Obligated Group. The proceeds of the 2017 Bonds were used to complete the construction and equipping of the SouthEast Tower at WVUH; construct and equip the Heart and Vascular Institute in the SouthEast Tower at WVUH; construct, equip and/or expand existing space at WVUH; and pay for the costs of issuance. The 2017 Bonds include fixed rate serial bonds of \$46,135,000 maturing in 2027 through 2037 with interest rates ranging from 3.375% to 5.000%; and fixed rate term bonds of \$31,665,000 maturing in 2042 with an interest rate of 5.000%, \$57,515,000 maturing in 2047 with an interest rate of 4.250%, and \$50,005,000 maturing in 2047 with an interest rate of 5.000%.

**West Virginia University Health System and Controlled Entities**  
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*2016 Series – Hospital Revenue Refunding Bonds*

In 2016, the Authority issued \$260,890,000 of Hospital Revenue Refunding Bonds (2016 Bonds) on behalf of the Obligated Group. The proceeds of the 2016 Bonds were used to advance refund certain then-outstanding debt and pay for the costs of issuance. The outstanding 2016 Bonds include fixed rate serial bonds of \$154,880,000 scheduled to mature in 2026 through 2036 with interest rates ranging from 2.500% to 5.000% and fixed rate term bonds of \$29,255,000 maturing in 2039 with an interest rate of 3.250%, and \$8,235,000 maturing in 2041 with an interest rate of 4.000%.

*2015 Series – Hospital Revenue Bonds*

In 2015, the Authority issued \$33,860,000 of Hospital Revenue Bonds (2015 Bonds) on behalf of the Obligated Group. The proceeds of the 2015 Bonds were used to refund the existing PVH debt; reimburse the costs of various capital improvements and equipment for PVH; finance the acquisition of SJH; refund the existing SJH debt; and pay for the costs of issuance. The outstanding 2015 Bonds include variable rate bonds of \$5,240,000 maturing in 2030 with a variable interest rate of 3.720% at December 31, 2025 and 2024, and variable rate bonds of \$15,977,000 maturing in 2031 through 2044 with a variable interest rate of 2.900% at December 31, 2025 and 2024.

*2012 Series – Hospital Refunding Bonds*

In 2012, the Authority issued \$178,000,000 of Hospital Refunding Bonds (2012 Bonds) on behalf of the Obligated Group. The proceeds of the 2012 Bonds were used to refund certain then-outstanding debt; reimburse the costs of various capital improvements and equipment for WVUH, CCMC and BMC; and pay for the costs of issuance. The outstanding 2012 Bonds of \$8,055,000 are scheduled to mature in 2030 with a variable interest rate of 3.800% and 4.950% at December 31, 2025 and 2024, respectively.

*2007 Series – Hospital Revenue Bonds*

In 2007, the Fayette County Hospital Authority issued \$50,000,000 Hospital Revenue Bonds (2007 Bonds) on behalf of UH. The proceeds of the 2007 Bonds were used to construct a new patient tower, demolition of existing building and refunding of prior bonds. The outstanding 2007 Bonds of \$27,615,000 are scheduled to mature at various times through 2037 with a variable interest rate of 3.300% and 3.570% at December 31, 2025 and 2024, respectively.

The 2007 Series variable rate demand bonds, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. Such variable rate demand bonds are classified as long-term in the accompanying consolidated balance sheets as they are secured by letters of credit or standby bond purchase agreements, totaling \$27,615,000 and \$29,365,000 at December 31, 2025 and 2024, respectively, that do not expire within the next year.

*Other Notes Payable and Finance Lease Obligations*

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

In 2025, WVUHS assumed the debt of WMC as part of the acquisition agreement. In 2021, WMC obtained a \$17,300,000 taxable revenue note that matures in November 2028 and bears a fixed interest rate of 4.650% and a \$39,630,000 tax-exempt revenue note that matures in 2028 and bears a fixed interest rate of 3.45%. The principal balances of these notes was \$15,480,000 and \$35,248,000, respectively, at December 31, 2025.

In December 2024, WH obtained a \$34,060,000 term loan from a commercial bank. Monthly interest and principal payments are due beginning February 2025 with a final payment of the remaining outstanding balance on December 1, 2034. Interest is assessed at a rate of 5.010%. The principal balance of the loan was \$31,779,000 and \$34,060,000 at December 31, 2025 and 2024, respectively.

**West Virginia University Health System and Controlled Entities**  
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In November 2024, TMH obtained a \$142,701,000 term loan from a commercial bank. Monthly interest is due beginning December 2024 and all principal is due on October 28, 2026. Interest is assessed at a rate of the one-month SOFR rate plus 40 basis points. The principal balance of the loan was \$77,591,000 and \$142,701,000 at December 31, 2025 and 2024, respectively.

In December 2023, the System obtained a \$15,000,000 term loan from a commercial bank. Monthly interest and principal payments are due beginning in January 2024 with a final payment of the remaining outstanding balance on December 18, 2028. Interest is assessed at a fixed rate of 5.390%. The principal balance of the loan was \$9,487,000 and \$12,320,000 at December 31, 2025 and 2024, respectively.

In May 2023, PCH obtained a \$57,000,000 term loan from a commercial bank. Monthly interest payments are due beginning June 1, 2023 and annual principal payments ranging from \$860,000 to \$1,095,000 are due beginning June 1, 2024 with one final payment due May 1, 2030. Interest is assessed at a variable rate equal to Term SOFR (3.870% at December 31, 2025) plus 0.620%. The principal balance of the loan was \$55,240,000 and \$56,140,000 at December 31, 2025 and 2024, respectively.

In April 2023, THS obtained a \$70,000,000 term loan from a commercial bank. Monthly interest payments are due beginning on May 20, 2023 with a final balloon payment on April 28, 2030 equal to the then-outstanding principal balance. Interest is assessed at a variable rate equal to Term SOFR (3.870% at December 31, 2025) plus 0.70%. The principal balance of the loan was \$68,110,000 and \$69,220,000 at December 31, 2025 and 2024, respectively.

In June 2022, GRMC obtained a \$12,500,000 term loan from a commercial bank. Annual principal payments of \$833,000 are due beginning on June 30, 2023 with a final maturity on June 30, 2037. Interest is assessed at a fixed rate of 3.350% per annum. The principal balance of the loan was \$10,000,000 and \$10,833,000 at December 31, 2025 and 2024, respectively.

In July 2021, the System converted a taxable term loan and the Series 2011 Bond to a term loan in the amount of \$14,900,000. Principal and interest payments of \$139,488 are due monthly beginning August 1, 2021 with one final payment for the remaining balance in July 2031. The loan bears a fixed interest rate of 2.730% per annum. The balance of the loan was \$8,983,000 and \$10,387,000 at December 31, 2025 and 2024, respectively.

In June 2019, a \$10,000,000 term loan was obtained from a commercial bank to refinance SRMC existing debt as part of the SRMC acquisition. Principal payments of \$42,000 are due monthly. Interest is also payable monthly at a variable rate equal to Term SOFR (3.870% at December 31, 2025) plus 0.750%. All remaining principal and interest is due on the loan maturity date of June 27, 2029. The term loan is guaranteed by the Obligated Group. The principal balance of the loan was \$6,750,000 and \$7,250,000 at December 31, 2025 and 2024, respectively.

In November 2017, Recovery obtained a \$12,954,000 note payable from a commercial bank. Principal and interest payments of \$70,395 are due monthly beginning December 15, 2017 with a final maturity on January 15, 2044. The note bears a fixed interest rate of 4.280% per annum. The balance of the loan was \$10,622,000 and \$11,003,000 at December 31, 2025 and 2024, respectively.

In August 2014, WVUH purchased a parcel of land and office building for a purchase price of \$21,547,000. WVUH paid \$3,715,500 in cash at closing and financed the remaining purchase price with a 20-year promissory note. Principal and interest payments approximating \$133,000 are due monthly and the note bears interest at a fixed rate of 6.500% per annum. The principal balance of this note was \$10,400,000 and \$11,288,000 at December 31, 2025 and 2024, respectively.

## **Note 9. Derivative Financial Instruments**

The System's primary objective for holding derivative financial instruments is to manage interest rate risk. The System does not utilize interest rate swap agreements or other financial instruments for trading or other speculative purposes. The derivative financial instruments are recorded at fair value based upon information supplied by the counterparty as described in Note 5.

In 2003, the System entered into two interest rate swap agreements (2003 Agreements) in connection with certain then-existing debt. The first agreement had a notional value of \$4,700,000 and terminated on June 1, 2016. The second agreement, which has transferred to the 2012 Bonds, has a notional value of \$25,150,000 and terminates on June 1, 2033. The 2003 Agreements require the System to pay a fixed rate while receiving variable interest rates based upon 70% of Fallback Compounded SOFR plus 0.080136%. The fair value of the 2003 Agreements liability was approximately \$1,446,000 and \$1,288,000 at December 31, 2025 and 2024, respectively.

In 2004, CCMC entered into an interest rate swap agreement (2004 Agreement) in connection with certain then-existing debt. In conjunction with the affiliation with WVUHS on March 1, 2011, the 2004 Agreement was amended to include the Obligated Group. Further, the 2004 Agreement was amended and restated effective March 13, 2014. The 2004 Agreement, which transferred to the 2018 Bonds, has a notional value of \$34,400,000 and terminates on February 15, 2034. The 2004 Agreement requires the System to pay a fixed rate while receiving a variable interest rate based upon 67% of Fallback Compounded SOFR plus 0.3767%. The fair value of the 2004 Agreement liability was approximately \$1,981,000 and \$1,796,000 at December 31, 2025 and 2024, respectively.

In 2006, the System entered into two interest rate swap agreements (2006 Agreements) in connection with certain then-existing debt, which were most recently amended and restated effective March 13, 2014. The first agreement, which has transferred to the 2018 Bonds, has a notional value of \$17,175,000 and terminates on June 1, 2041. The second agreement has a notional value of \$31,975,000 and terminates on June 1, 2041. The 2006 Agreements require the System to pay a fixed rate while receiving variable interest rates based upon 70% of Fallback Compounded SOFR. The fair value of the 2006 Agreements liability was approximately \$4,277,000 and \$3,827,000 at December 31, 2025 and 2024, respectively.

In 2007, CCMC entered into an interest rate swap agreement (2007 Agreement) in connection with certain then-existing debt. In conjunction with the affiliation with WVUHS on March 1, 2011, the 2007 Agreement was amended to include the Obligated Group. Further, the 2007 Agreement was amended and restated effective March 13, 2014. The 2007 Agreement has a notional value of \$11,900,000 and terminates on February 15, 2034. The 2007 Agreement requires the System to pay a fixed rate while receiving a variable interest rate based upon 67% of Daily Simple SOFR plus 0.11448%. The fair value of the 2007 Agreement liability was approximately \$663,000 and \$589,000 at December 31, 2025 and 2024, respectively.

In 2007, UH entered into an interest rate swap agreement (2007 UH Agreement) in connection with certain then-existing debt. The 2007 UH Agreement has a notional value of \$19,575,000 and terminates on June 1, 2037. The 2007 UH Agreement requires the System to pay a fixed rate while receiving a variable interest rate based upon 67% of Daily Simple SOFR plus 0.11448%. The fair value of the 2007 UH Agreement liability was approximately \$1,307,000 and \$1,133,000 at December 31, 2025 and 2024, respectively.

The System recognizes gains and losses from changes in fair values of interest rate swap agreements as non-operating revenue or expense within revenues in excess of expenses in the accompanying consolidated statement of operations. The net cash paid or received under the swap agreements is recognized as an adjustment to interest expense.

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Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates. The notional amounts of the swap agreements are used to measure the interest to be paid or received and do not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable amount, if any, which may be generated as a result of the swap agreements. Management believes that losses related to credit risk are remote.

## **Note 10. Pension Plans**

### ***Defined Contribution Plans***

The System provides a defined contribution plan that covers substantially all full-time and part-time employees. Employees who are not part of the WVUH local union are eligible to contribute, and the System will match a percentage of their base compensation up to a limit of 4.5%. Employee contributions are 100% vested upon entry into the plan, and employer contributions are subject to a three-year cliff vesting schedule. Employees who are members of the WVUH local union are eligible to contribute, and the System will match a percentage of their based compensation up to a limit of 5%. The employer matching contribution begins after the completion of two-years of service, and both the employee and employer contributions are 100% vested upon entry into the plan.

The System also maintains a frozen defined contribution plan. This plan was used to merge prior 401(k) and 401(a) defined contribution plans as part of a benefit standardization process in January 2019. The plan is frozen to new contributions.

Less than 1% of WVUH's employees continue to be paid by the State of West Virginia. Those employees also participate in a defined contribution plan for State employees. WVUH reimburses the State for all costs of these employees, including salaries and wages, pension expense, and other related fringe benefits.

The System's expense related to the employer match to the 403(b) plans was \$79,331,000 in 2025 and \$67,935,000 in 2024 and is recorded in employee benefits on the consolidated statements of operations.

### ***Defined Benefit Plans***

Current financial reporting standards require the service cost component of net benefit cost to be reported in the same line item or items as other compensation costs arising from services rendered by the pertinent employees during the period.

There are minimal service costs associated with the System's defined benefit plans as they were either frozen or terminated as of December 31, 2025 and 2024. The other components of net periodic pension cost are required to be presented in the consolidated statements of operations separately from the service cost component and outside the subtotal operating income. The System's net period benefit costs for the years ended December 31, 2025 and 2024 are presented in other nonoperating expenses in the accompanying consolidated statements of operations.

SJH, UH, BHA, GRMC, PCH, and WMC each maintain a noncontributory, defined benefit pension plan that covers substantially all of its employees who were employed on or before a certain date, at which time each plan was frozen to new entrants. Accrued benefits were also frozen as of that date. During the year ended December 31, 2025, SJH terminated its plan.

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The following table sets forth the consolidated information for the plans noted above related to the change in benefit obligation, the fair value of plan assets and the amounts recognized in the accompanying consolidated balance sheets at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Change in projected benefit obligation		
Projected benefit obligation, beginning of year	\$ 230,549	\$ 244,925
Acquisition of WMC	26,517	-
Service cost	-	559
Interest cost	13,442	11,416
Actuarial (gains) losses	4,486	(10,192)
Settlement	(11,576)	-
Benefits paid	<u>(19,480)</u>	<u>(16,159)</u>
Projected benefit obligation, end of year	243,938	230,549
Change in plan assets		
Fair value of plan assets, beginning of year	175,270	167,879
Acquisition of WMC	25,542	-
Actual return on plan assets (net of expense)	17,025	11,197
Employer contributions	7,795	12,353
Settlement	(11,576)	-
Benefits paid	<u>(19,480)</u>	<u>(16,159)</u>
Fair value of plan assets, end of year	<u>194,576</u>	<u>175,270</u>
Funded status at end of year	<u>\$ (49,362)</u>	<u>\$ (55,279)</u>

The following table sets forth the components of net periodic pension costs in 2025 and 2024, recognized in the accompanying consolidated statements of operations (in thousands):

	<u>2025</u>	<u>2024</u>
Interest cost	\$ 13,442	\$ 11,416
Service cost	-	559
Expected return on plan assets	(10,612)	(10,481)
Settlement charge	3,848	-
Amortization of actuarial loss	<u>340</u>	<u>140</u>
Net periodic pension cost	<u>\$ 7,018</u>	<u>\$ 1,634</u>

A net actuarial gain of \$7,931,000 and \$12,488,000 at December 31, 2025 and 2024, respectively, represents the unrecognized component of net periodic pension cost included in net assets without donor restrictions. Estimated amortization of the net gain of \$340,000 is expected to be recognized in net periodic pension cost in the next fiscal year.

To determine benefit obligations at December 31, 2025 and 2024, the discount rate ranged from 5.15% to 5.45% and 5.40% to 5.50%, respectively.

The weighted-average assumptions used in the measurement of net periodic benefit cost for the years ended December 31, 2025 and 2024 ranged from 5.40% to 5.65% and 4.73% to 5.50%, respectively.

The expected long-term return on plan assets ranged from 5.50% to 7.00% and 5.50% to 8.00% during the years ended December 31, 2025 and 2024, respectively.

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

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

Actual allocation and targeted percentages as of December 31, 2025 and 2024 are as follows:

	<u>Actual Percentage</u>		<u>Targeted Percentage</u>	
	<u>2025</u>	<u>2024</u>	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	4%	2%	3%	3%
Equity securities and pooled investments	85%	85%	47%	47%
Fixed income securities	11%	13%	50%	50%

The following table summarizes the plans' cash and cash equivalents and Level 1 assets measured at fair value on a recurring basis at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 7,755	\$ 3,820
Marketable equity securities	165,760	148,599
Fixed income	<u>21,061</u>	<u>22,851</u>
Total	<u>\$ 194,576</u>	<u>\$ 175,270</u>

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

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

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

Fixed income: Valued based on either the closing price reported on the active market on which the individual securities are traded or the market price of the underlying assets.

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

The following benefit payments are expected to be paid during the years ended December 31 (in thousands):

2026	\$ 22,138
2027	\$ 19,554
2028	\$ 19,836
2029	\$ 19,320
2030-2035	\$ 91,196

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**Note 11. Net Assets with Donor Restrictions**

Net assets with donor restrictions are restricted for the following purposes at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Subject to expenditure for specified purposes		
Pediatric care	\$ 34,275	\$ 7,169
Purchases of property and equipment	3,100	1,443
Various healthcare related activities	6,288	5,768
Other	<u>13,577</u>	<u>15,043</u>
Total subject to expenditure for specified purposes	57,240	29,423
Contributed property restricted from sale	38,703	43,394
Endowment funds – income expendable to support various healthcare services and purchase equipment	9,492	8,540
Perpetual income trusts – income expendable to support charity care and other healthcare services	<u>6,642</u>	<u>6,177</u>
Total net assets with donor restrictions	<u>\$ 112,077</u>	<u>\$ 87,534</u>

**Note 12. Professional and General Liability Coverage**

Effective January 1, 2018, the System formed Augusta Insurance Company, Ltd. (Augusta), a wholly owned captive insurance company incorporated as an exempt company under the Companies Law of the Cayman Islands. Augusta facilitates the structuring of a unified insurance program for the System, while remaining flexible to meet unique needs that may vary across the System. Ongoing operations of Augusta are funded by premiums paid by the System entities. The operations of Augusta are included in the System’s accompanying consolidated financial statements.

Augusta provides claims-made general and professional liability coverage to WVUHS and its controlled entities. Augusta accepted loss portfolio transfer of remaining liabilities on pre-2018 reported claims from the prior self-funded programs. Additionally, the System has obtained excess claims made coverage policies with four different third-party commercial insurance companies.

A summary of primary and excess coverage is summarized below:

Augusta Insurance Company, Ltd.	\$12 million per occurrence \$50 million aggregate
Other Third-Party Commercial Excess	\$70 million per occurrence \$70 million aggregate
Total Liability Coverage (including Augusta)	\$82 million per occurrence \$120 million aggregate

Management estimates the provision for malpractice losses using an actuarial reserve analysis prepared by its independent actuaries. The recorded estimated malpractice obligation reflected in the consolidated financial statements discounted using a 3.0% discount rate is \$109,266,000 and \$99,146,000 at December 31, 2025 and 2024, respectively. The undiscounted amount of the reserve is \$117,719,000 and \$106,758,000 at December 31, 2025 and 2024, respectively. The actuarial estimates are based on the historical data of the program blended together with relevant insurance industry loss development statistics. Actuarial estimates include claims made and tail liabilities.

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The System recorded additional reserves of \$27,931,000 and \$- during the years ended December 31, 2025 and 2024, respectively. Management believes that the estimated malpractice reserves are reasonable in all material respects.

Medical malpractice and general liability claims are managed by the System's legal staff. Specialized experts and outside attorneys are utilized when such expertise is considered necessary. The System believes it has adequate insurance coverages and accruals for all asserted claims and it has no knowledge of unasserted claims that would exceed its self-insurance and insurance coverages and accruals. The outcome of certain labor and other related claims not covered by insurance is currently unknown and the potential related liability cannot be estimated, therefore, the System has not recognized a liability for these claims. Because of the extended period over which losses are settled and the general uncertainty surrounding the recorded estimate, the ultimate settlement costs could vary and these differences could be material. The estimate is continually reviewed and, as adjustments to the liability become necessary, the adjustments are reflected in current operations.

Since the formation of Augusta on January 1, 2018, new hospitals and physician practice acquisitions are evaluated by its independent actuaries for coverage within Augusta.

In management's opinion, the assets of Augusta are sufficient to meet its obligations as of December 31, 2025 and 2024. If the financial condition of Augusta were to materially deteriorate in the future, and Augusta was unable to pay its claim obligations, the responsibility to pay those claims would return to WVUHS and its controlled entities. Additionally, in the event that other third-party commercial general liability companies were unable to meet their obligations under the insurance agreements, the responsibility to pay those claims would return to WVUHS and its controlled entities.

### **Note 13. Related-Party Transactions**

WVUH has entered into a Joint Operating Agreement (JOA) with West Virginia University Medical Corporation d/b/a University Health Associates (UHA) and the University in order to further integrate their mission and purpose, management, clinical activities and economic and financial activities. WVUH and UHA will function as a single strategic and economic unit while retaining their separate corporate identities. The JOA, as amended, requires an equalization of the operating margin between WVUH and UHA on a three to one basis, respectively. WVUH recorded approximately \$369,122,000 and \$308,454,000 for the periods ending December 31, 2025 and 2024, respectively, associated with these support payments. Additional JOA payments made by the System to UHA totaled \$49,652,000 and \$37,116,000 for the years ended December 31, 2025 and 2024, respectively. These amounts have been recorded as physician support in the consolidated statement of operations.

The JOA requires a transfer of excess funds from WVUH to the University's School of Medicine (SOM). In 2025 and 2024, WVUH transferred \$18,300,000 to the SOM. Additionally, the JOA requires a transfer of five percent of the System's total operating margin to the SOM's strategic initiatives fund. In 2025 and 2024, this amounted to \$30,443,000 and \$5,717,000, respectively. These contributions are included in transfers to the SOM and strategic initiatives in the accompanying consolidated statements of changes in net assets.

Lastly, the JOA requires a transfer of DPP funds to the SOM. In 2025 and 2024, WVUH transferred \$15,508,000 to the SOM. These contributions are included in operating expenses in the consolidated statements of operations.

WVUH pays the University for other expenses such as the University's resident and intern program, state employee salaries, certain utilities, and rents. Other payments made to the University were \$53,763,000 and \$51,378,000 for the periods ending December 31, 2025 and 2024, respectively, all of which are recorded as operating expense in the consolidated statements of operations.

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The total amount payable from WVUH to the SOM is \$23,073,000 and \$21,454,000 at December 31, 2025 and 2024, respectively, and is included in accounts payable, accrued expenses and other in the consolidated balance sheets.

WVUHS and UHA share a Single Billing Office (SBO). Under SBO, WVUHS bills and collects self-pay payment for its members and UHA on combined patient statements. Collections are distributed to UHA on a monthly basis.

WVUHS provides certain information technology services on behalf of UHA, for which approximately \$18,889,000 and \$14,950,000 was recorded for the periods ending December 31, 2025 and 2024, respectively. Approximately \$17,290,000 and \$13,750,000 was recorded for the periods ending December 31, 2025 and 2024, respectively, for other services provided by WVUHS on behalf of UHA. These amounts have been included in other revenues in the accompanying consolidated statements of operations.

UHA provides various medical director services and other medical service support to WVUH, BMC, and JMC. Payments for these services were \$8,070,000 in 2025 and \$7,131,000 in 2024 and the associated expenses are included in physician support and purchased services in the accompanying consolidated statements of operations.

The total amount payable from WVUH to UHA is \$27,788,000 and \$17,756,000 at December 31, 2025 and 2024, respectively. The total amount payable from the System to UHA is \$17,423,000 and \$21,219,000 at December 31, 2025 and 2024, respectively. These amounts are included in accounts payable, accrued expenses and other in the consolidated balance sheets.

Effective January 1, 2013, University Healthcare entered into a Mission Support Agreement (MSA) with University Healthcare Physicians (UHP). On January 1, 2023, UHP merged into UHA and the former operations of UHP are operated as UHA East. The MSA ensures UHA East operating losses are funded by University Healthcare on a monthly basis. Break even operations are calculated on a monthly basis for UHA East and any losses are recorded by BMC and JMC as mission support. Total mission support was \$29,269,000 in 2025 and \$26,621,000 in 2024 and is included in physician support in the accompanying consolidated statements of operations. The total amount payable from UHA East for these support payments was \$993,000 and \$804,000 at December 31, 2025 and 2024, respectively.

WVUH, Charleston Area Medical Center and Cabell Huntington Hospital are members of HealthNet, Inc. (HNET), an aeromedical transport service company. Each member's ownership percentage is 33.33%. HNET is a West Virginia nonprofit corporation, which the Internal Revenue Service has determined is recognized as exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. HNET's members are required to support HNET to the extent that expenses exceed revenues. HNET had total assets of \$70,285,000 and total liabilities of \$70,254,000 and total equity of \$30,000 as of December 31, 2025. Amounts due from HNET were \$14,741,000 at December 31, 2025 and \$15,698,000 at December 31, 2024 and are included in other assets, net in the accompanying consolidated balance sheets. WVUH guaranteed certain capital equipment loans for HNET. The outstanding balance for these equipment loans was approximately \$18,752,000 and \$4,727,000 as of December 31, 2025 and 2024, respectively. The outstanding loan is scheduled to mature in November 2030. WVUH is obligated to pay the amounts due under the loan in the event of a default. There are no known events of default on this loan as of December 31, 2025.

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**Note 14. Leases**

The System leases certain equipment and office buildings under the terms of non-cancellable operating leases. For leases with terms greater than 12 months, the related right-of-use assets and right-of-use obligations are recorded at the present value of lease payments over the term. Many of the leases include rental escalation clauses and renewal options that are factored into the determination of lease payments when appropriate.

The components of lease expense (and related classification in the accompanying statements of operations) were as follows during 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Operating lease cost (other expense)	\$ 31,219	\$ 34,341
Finance lease cost		
Amortization of right-of use assets (depreciation and amortization)	23,873	14,864
Interest on lease liabilities (interest expense)	<u>8,008</u>	<u>5,364</u>
Total lease cost	<u>\$ 63,100</u>	<u>\$ 54,569</u>

Cash paid for amounts included in the measurement of lease liabilities for the years ended December 31 are as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Operating cash flows from operating leases	\$ 32,947	\$ 33,255
Operating cash flows from finance leases	6,051	5,140
Financing cash flows from finance leases	<u>23,131</u>	<u>14,614</u>
Total	<u>\$ 62,129</u>	<u>\$ 53,009</u>

Right-of-use assets obtained in exchange for new lease obligations for the years ended December 31 are as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Right-of-use assets obtained in exchange for new finance lease liabilities	\$ 62,349	\$ 32,997
Right-of-use assets obtained in exchange for new operating lease liabilities	\$ 19,255	\$ 23,315

The following table presents lease-related assets and liabilities at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Operating leases		
Right-of-use operating lease assets	\$ 53,398	\$ 48,937
Current operating lease liabilities	\$ 12,455	\$ 12,455
Noncurrent operating lease liabilities	<u>41,660</u>	<u>36,445</u>
Total operating lease liabilities	<u>\$ 54,115</u>	<u>\$ 48,900</u>

Current operating lease liabilities are included in accounts payable, accrued expenses, and other in the accompanying consolidated balance sheets. Noncurrent operating lease liabilities are included in right-of-use operating lease obligations in the accompanying consolidated balance sheets.

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The following table presents lease-related assets and liabilities at December 31, 2025 and 2024 (in thousands):

	<u>2025</u>	<u>2024</u>
Finance leases		
Property and equipment, net	\$ 142,503	\$ 109,676
Current finance lease liabilities	\$ 22,117	\$ 19,423
Noncurrent finance lease liabilities	<u>135,338</u>	<u>101,553</u>
Total finance lease liabilities	<u>\$ 157,455</u>	<u>\$ 120,976</u>

Current finance lease liabilities are included in current maturities of long-term debt in the accompanying consolidated balance sheets. Noncurrent finance lease liabilities are included in long-term debt, net, in the accompanying consolidated balance sheets.

	<u>2025</u>	<u>2024</u>
Other information		
Weighted-average remaining lease term – operating leases	5.4 years	5.3 years
Weighted-average remaining lease term – finance leases	8.9 years	6.4 years
Weighted-average discount rate – operating leases	7.00%	7.24%
Weighted-average discount rate – finance leases	5.84%	5.39%

The following is a schedule of lease liability maturities related to leases with third-parties for the years ending December 31 (in thousands):

	<u>Operating</u>	<u>Finance</u>
2026	\$ 13,575	\$ 25,488
2027	11,415	20,607
2028	8,959	16,888
2029	6,900	14,189
2030	3,875	11,898
Thereafter	<u>6,866</u>	<u>61,003</u>
Total	51,590	150,073
Interest	<u>(6,999)</u>	<u>(35,601)</u>
Lease liability	<u>\$ 44,591</u>	<u>\$ 114,472</u>

The following is a schedule of lease liability maturities related to leases with affiliates for the years ending December 31 (in thousands):

	<u>Operating</u>	<u>Finance</u>
2026	\$ 2,417	\$ 2,200
2027	2,120	2,510
2028	1,822	175
2029	1,501	25
2030	1,417	-
Thereafter	<u>4,393</u>	<u>108,511</u>
Total	13,670	113,421
Interest	<u>(4,146)</u>	<u>(70,438)</u>
Lease liability	<u>\$ 9,524</u>	<u>\$ 42,983</u>

## **Note 15. Commitments and Contingencies**

### ***Workers' Compensation Claims Coverage***

The System maintains insurance policies with a stated per occurrence deductible and a stated deductible aggregate for workers' compensation claims. The policies provide statutory workers' compensation limits of liability. The System was required to establish loss funds and provide letters of credit to secure the deductible obligations. The letters of credit total approximately \$6,181,000 and \$6,892,000 and at December 31, 2025 and 2024, respectively, and are automatically renewed by the issuing bank every July 1 unless notified 90 days prior to the renewal date.

### ***Asbestos***

Certain facilities owned by the System, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to the demolition and renovation of these buildings. The fair value of the liability for such asbestos removal cannot be reasonably estimated at this time. Management does not believe that remediation of such items will have a material effect on the consolidated financial statements.

### ***Disproportionate Share Hospital State Plan***

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

### ***Healthcare Industry***

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

The System receives a significant amount of its revenue from governmental programs. The receipt of future revenues by the System is subject to, among other factors, ongoing federal and state funding policies for Medicare, Medicaid, and programs like 340b drug savings, being evaluated to reduce costs. The impact of such potential changes are currently unknown, but could have a significant impact on the future operations of the System.

### ***One Big Beautiful Bill Act***

On July 3, 2025, the U.S. Congress enacted the One Big Beautiful Bill Act (OBBBA), a comprehensive budget reconciliation law introducing significant changes to federal healthcare programs, tax policy, and energy-related incentives. The legislation includes substantial reductions in Medicaid funding, modifications to provider tax structures, and new eligibility and cost-sharing requirements for Medicaid beneficiaries. The OBBBA has not had a material impact on the financial results to date as many aspects of the legislation are effective for future periods. The System is currently evaluating what impact the OBBBA may have on the financial results, cash flows and financial position for future periods.

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

**Note 16. Liquidity and Availability**

As of December 31, 2025 and 2024, the System has a working capital of approximately \$1,422,599,000 and \$961,589,000, respectively, and average days (based on normal expenditures) cash and board designated investments on hand of 155 days and 138 days, respectively.

Financial assets available for general expenditure within one year of the consolidated balance sheet date consist of the following at December 31 (in thousands):

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 1,230,209	\$ 835,733
Patients accounts receivable	774,213	755,447
Other accounts receivables	106,473	125,813
Estimated third-party payor settlements	<u>288,979</u>	<u>77,527</u>
Total	<u>\$ 2,399,874</u>	<u>\$ 1,794,520</u>

In addition to the assets in the table above, the System has other assets whose use is limited for specified purposes and because they are not available for general expenditure within one year are not reflected in the amounts above. The System does, however, have certain long-term assets whose use is limited by board designation and could be made available for general expenditure within one year, if necessary. Additionally, the System has \$185,000,000 in revolving lines of credit (Note 7). As of December 31, 2025, approximately \$92,491,000 remained available on the System's lines of credit for use in the normal course of operations if needed.

**Note 17. Functional Expenses**

The System provides general health care and related services to individuals within its geographic region. Expenses related to providing these services for the years ended December 31, 2025 and 2024 are as follows (in thousands):

	<u>2025</u>			<u>Total</u>
	<u>Healthcare Services</u>	<u>Supporting Services</u>		
		<u>General and Administrative</u>	<u>Fundraising</u>	
Salaries and wages	\$ 2,209,803	\$ 520,144	\$ 99	\$ 2,730,046
Employee benefits	657,272	173,040	12	830,324
Supplies	1,805,136	-	-	1,805,136
Physician support	622,876	21,142	-	644,018
Professional fees and purchased services	194,177	229,304	20	423,501
Maintenance and repairs	20,633	168,376	14	189,023
Licenses and taxes	336,238	51,099	-	387,337
Depreciation and amortization	183,970	116,971	-	300,941
Interest	67,387	28,525	-	95,912
Other	<u>305,693</u>	<u>203,340</u>	<u>137</u>	<u>509,170</u>
Total	<u>\$ 6,403,185</u>	<u>\$ 1,511,941</u>	<u>\$ 282</u>	<u>\$ 7,915,408</u>

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

	<b>2024</b>			<b>Total</b>
	<b>Healthcare Services</b>	<b>Supporting Services</b>		
		<b>General and Administrative</b>	<b>Fundraising</b>	
Salaries and wages	\$ 1,840,014	\$ 488,777	\$ 85	\$ 2,328,876
Employee benefits	550,838	161,025	11	711,874
Supplies	1,536,191	279	-	1,536,470
Physician support	527,065	8,790	-	535,855
Professional fees and purchased services	196,513	155,852	18	352,383
Maintenance and repairs	20,090	143,692	-	163,782
Licenses and taxes	126,523	58,230	6	184,759
Depreciation and amortization	152,016	101,426	-	253,442
Interest	55,470	25,807	-	81,277
Other	250,901	183,921	817	435,639
<b>Total</b>	<b>\$ 5,255,621</b>	<b>\$ 1,327,799</b>	<b>\$ 937</b>	<b>\$ 6,584,357</b>

The accompanying consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest and other occupancy costs, are allocated to a function based on location of the respective assets.

**Note 18. Business Combination**

***Weirton Medical Center***

Effective January 1, 2025, WVUHS became the sole member of WMC, a 238-bed acute care hospital in Weirton, West Virginia and includes WPP which operates over 50 ancillary locations throughout the tri-state region. There was no consideration provided for the assets acquired and liabilities assumed.

The following table summarizes the fair value of the assets acquired and the liabilities assumed as of the date of acquisition (in thousands):

<b>Assets</b>	
Cash and cash equivalents	\$ 8,379
Patient receivables	33,572
Other receivables	52
Inventories of supplies	4,050
Estimated third-party payor settlements	4,830
Prepaid expenses and other current assets	3,183
Assets whose use is limited	42,662
Property and equipment, net	82,966
Right-of-use operating lease assets	2,500
Prepaid expenses and other assets, net	8,411
<b>Total assets</b>	<b>\$ 190,605</b>

**West Virginia University Health System and Controlled Entities**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

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Liabilities	
Line of credit	\$ 16,500
Current maturities of long-term debt	2,364
Accounts payable, accrued expenses and other	26,790
Long-term debt, net	57,862
Right-of-use operating lease obligations	859
Malpractice	5,644
Pension liability	988
Other liabilities	<u>9,455</u>
Total liabilities	<u>\$ 120,462</u>
Net assets without donor restrictions	<u>\$ 70,143</u>
Net assets acquired over liabilities assumed	<u>\$ 70,143</u>

The results of operations for WMC and WPP are included in the consolidated schedule of operations and changes in net assets beginning January 1, 2025. For the year ended December 31, 2025, these entities had total operating revenues of \$258,288,000, operating loss of \$2,329,000, and revenue in excess of expenses of \$71,072,000, inclusive of an inherent contribution of \$70,143,000. Additionally, for the year ended December 31, 2025, these entities recognized an increase in net assets without donor restriction of \$72,404,000 and an increase in net assets with donor restrictions of \$44,000.

**Note 19. Subsequent Event**

***Independence Health***

On December 12, 2025, WVUHS entered into a letter of intent with Independence Health System, the sole member of Excela Health (“Excela”) and Butler Health System, Inc. (“Butler”), whereby WVUHS would become the sole member of Excela and Butler. Excela, located in Westmoreland County, Pennsylvania, is the sole corporate member of three non-profit hospitals - Frick Hospital, Latrobe Area Hospital, Inc., and Westmoreland Regional Hospital – along with its affiliated physician group and other subsidiaries. Excela had annual operating loss of approximately \$2,215,000, total assets of approximately \$700,444,000, and total liabilities of approximately \$306,241,000 as of and for the year ended June 30, 2025. Butler, located in Butler and Clarion Counties, Pennsylvania, is comprised of two non-profit hospitals – Butler Memorial Hospital and Clarion Hospital – along with its affiliated physician group and other subsidiaries. Butler had an annual operating loss of approximately \$17,308,000, total assets of approximately \$461,509,000, and total liabilities of approximately \$251,779,000 as of and for the year ended June 30, 2025. The transaction is expected to close on or around September 30, 2026, subject to the satisfactory completion of due diligence and regulatory approvals.

***Orchard Park***

On February 19, 2026, WH entered into a letter of intent with Orchard Park Hospital, LLC (“Orchard Park”), whereby Orchard Park, an inpatient pediatric psychiatric hospital in Wheeling, West Virginia, would merge into WH. After the acquisition, Orchard Park will be operated as a remote campus of WH. Closing of this transaction is expected to occur no later than December 31, 2026, and is subject to satisfactory completion of due diligence and regulatory approvals.

***Consolidating Supplementary Information***









West Virginia University Health System and Controlled Entities  
 Consolidating Balance Sheet  
 December 31, 2024  
 (in thousands)

	OBLIGATED GROUP																	NON-OBLIGATED GROUP							Total Consolidated		
	West Virginia University Hospital	United Hospital Center	Camden Clark Medical Center	Berkeley Medical Center	Jefferson Medical Center	University Healthcare Foundation	West Virginia University Health System	St. Joseph's Hospital	Potomac Valley Hospital	Reynolds Memorial Hospital	Summersville Regional Memorial Hospital	Braxton County Memorial Hospital	Jackson General Hospital	Wetzel County Hospital	Uniontown Hospital	Barnesville Hospital	Eliminations	Total Obligated Group	Wheeling Hospital	Garrett Regional Medical Center	Thomas Hospitals	Saint Francis Hospital	Princeton Community Hospital	Other Non-Obligated Group		Eliminations	
<b>ASSETS</b>																											
<b>Current Assets</b>																											
Cash and cash equivalents	\$ 168,796	\$ 244,447	\$ 11,142	\$ 16,740	\$ 22,175	\$ 230	\$ 62,346	\$ 19,460	\$ 15,145	\$ 5,399	\$ 15,321	\$ 8,908	\$ 16,372	\$ 2,848	\$ 9,422	\$ 440	\$ -	\$ 619,191	\$ 28,637	\$ 26,975	\$ 18,076	\$ -	\$ 19,761	\$ 123,093	\$ -	\$ 835,733	
Current portion of assets whose use is limited	8,296	2,196	970	1,068	-	-	15,831	-	-	-	-	-	-	-	-	-	-	28,361	12,059	-	-	-	-	24,671	(32,421)	32,670	
Accounts receivable:																											
Patients	251,663	61,778	60,444	46,740	13,017	-	(4,357)	12,909	12,532	21,532	10,921	3,367	7,891	4,819	21,236	3,461	-	527,953	71,792	11,245	64,553	-	40,706	39,198	-	755,447	
Other	55,911	4,532	3,226	2,768	115	89	18,193	366	908	2,266	374	273	188	96	406	213	-	89,924	3,862	606	6,623	-	2,115	24,075	(1,392)	125,813	
Affiliates	8,472	18,203	12,423	2,589	978	90	83,272	158	58	2,435	165	3	23	61	1,144	1,136	(81,135)	50,075	4,846	3,467	39,032	-	129	(39,572)	(57,977)	-	
Inventories of supplies	42,397	9,592	8,183	6,371	1,186	-	2,109	2,478	1,168	2,103	1,759	547	309	392	3,726	195	-	82,515	5,078	1,748	10,675	-	5,569	2,588	-	108,173	
Estimated third-party payor settlements	4,784	14,099	11,440	6,090	-	-	-	-	-	2,339	-	-	-	1,485	76	140	-	40,453	10,397	-	8,798	-	10,443	7,436	-	77,527	
Prepaid expenses and other current assets	4,063	1,289	943	2,041	3,710	22	38,838	185	1,995	826	964	495	542	130	(261)	416	-	56,198	8,347	267	2,610	-	5,288	14,828	-	87,538	
Total current assets	544,382	356,136	108,771	84,407	41,181	431	216,232	35,556	31,806	36,900	29,504	13,593	25,325	9,831	35,749	6,001	(81,135)	1,494,670	145,018	44,308	150,367	-	84,011	196,317	(91,790)	2,022,901	
<b>Assets Whose Use is Limited</b>																											
Board-designated funds																											
Funded depreciation	641,525	605,824	24,192	29,532	61,046	9,707	18,117	65,043	2,059	346	-	-	-	-	18,789	-	-	1,476,180	29,542	-	-	-	368	16,610	-	1,522,700	
Strategic initiatives	30,145	-	-	-	-	-	6,181	-	-	-	-	-	-	-	-	-	-	36,326	-	-	-	-	-	-	-	-	36,326
Under trust indenture, held by trustee	160,307	-	-	-	-	-	-	-	-	-	-	-	3,801	-	-	-	-	164,108	-	-	-	-	-	-	-	-	164,108
Malpractice self-insurance, investments	22,383	14,103	12,237	9,954	-	-	25,865	-	-	-	-	-	-	-	-	-	-	84,542	16,426	-	-	-	941	92,310	(99,556)	94,663	
Foundation investments	-	-	-	-	-	-	-	-	-	7,814	-	-	-	-	-	-	-	7,814	2,102	-	-	-	-	3,201	-	13,117	
Noncurrent portion of assets whose use is limited	854,360	619,927	36,429	39,486	61,046	9,707	50,163	65,043	2,059	8,160	-	-	3,801	-	18,789	-	-	1,768,970	48,070	-	-	-	1,309	112,121	(99,556)	1,830,914	
<b>Property and Equipment, Net</b>	959,000	296,790	126,000	96,422	15,287	26,886	151,894	17,478	23,767	48,546	12,968	6,052	43,374	13,095	45,219	5,007	-	1,887,785	75,287	23,809	176,221	-	63,981	124,427	-	2,351,510	
<b>Restricted Assets Held by Third-Parties</b>	13,874	-	-	-	6,177	10	-	-	-	-	-	-	-	56	-	-	-	20,117	-	116	-	-	-	-	-	-	20,233
<b>Right-of-Use Operating Lease Asset</b>	10,808	3,501	2,801	1,509	-	-	5,230	151	3,017	1,474	283	82	87	891	176	157	-	30,167	7,381	-	1,768	-	1,564	8,057	-	48,937	
<b>Due From Affiliates</b>	-	-	-	-	-	-	40,006	-	-	-	-	-	-	-	-	-	(25,603)	14,403	-	-	-	-	1,910	(1,976)	(14,337)	-	
<b>Other Investments</b>	6,906	7,459	3,522	77	333	-	-	-	-	-	-	-	-	-	-	-	-	18,297	-	-	-	-	-	-	-	18,297	
<b>Prepaid Expenses and Other Assets, Net</b>	39,119	1,613	1,253	4,306	13	923	34,119	7,073	2,981	620	8,610	245	900	1,166	11,511	5,417	-	119,869	15,226	11,145	852	-	1,056	35,935	3,400	187,483	
Total assets	\$ 2,428,449	\$ 1,285,426	\$ 278,776	\$ 228,207	\$ 124,037	\$ 37,957	\$ 497,644	\$ 125,301	\$ 63,630	\$ 95,700	\$ 51,365	\$ 19,972	\$ 73,487	\$ 25,039	\$ 111,444	\$ 16,582	\$ (106,738)	\$ 5,354,278	\$ 290,982	\$ 79,378	\$ 329,208	\$ -	\$ 153,831	\$ 474,881	\$ (202,283)	\$ 6,480,275	

West Virginia University Health System and Controlled Entities  
Consolidating Balance Sheet  
December 31, 2024  
(in thousands)

	OBLIGATED GROUP																	NON-OBLIGATED GROUP							Total Consolidated		
	West Virginia University Hospital	United Hospital Center	Camden Clark Medical Center	Berkeley Medical Center	Jefferson Medical Center	University Healthcare Foundation	West Virginia University Health System	St. Joseph's Hospital	Potomac Valley Hospital	Reynolds Memorial Hospital	Summersville Regional Memorial Hospital	Braxton County Memorial Hospital	Jackson General Hospital	Wetzel County Hospital	Uniontown Hospital	Barnesville Hospital	Eliminations	Total Obligated Group	Wheeling Hospital	Garrett Regional Medical Center	Thomas Hospitals	Saint Francis Hospital	Princeton Community Hospital	Other Non-Obligated Group		Eliminations	
<b>LIABILITIES AND NET ASSETS</b>																											
<b>Current Liabilities</b>																											
Line of credit	\$ 4,572	\$ -	\$ 2,819	\$ -	\$ -	\$ -	\$ 21,323	\$ -	\$ -	\$ 1,500	\$ -	\$ -	\$ 1,367	\$ 17,241	\$ -	\$ -	\$ -	\$ 48,822	\$ 8,718	\$ -	\$ -	\$ -	\$ -	\$ 8,735	\$ -	\$ 66,275	
Current maturities of long-term debt	12,468	6,447	7,917	3,204	636	457	1,063	1,088	990	2,487	1,626	945	691	894	4,419	247	-	45,579	3,915	880	149,249	-	3,037	5,239	-	207,899	
Accounts payable, accrued expenses and other	122,798	26,009	33,836	22,437	2,605	145	81,255	3,788	4,564	4,177	5,474	717	1,494	3,315	8,174	364	-	320,152	36,445	4,468	30,743	-	12,469	69,629	(1,392)	472,514	
Due to affiliates	17,605	2,856	10,791	4,868	2,203	43	1,036	1,452	1,736	11,717	834	621	701	1,208	6,549	1,145	(44,738)	20,627	6,438	836	1,090	-	3,793	18,246	(51,030)	-	
Estimated third-party payor settlements	-	-	-	-	5,183	-	-	9,572	2,370	-	12,525	700	4,770	-	-	-	-	35,120	-	-	-	-	-	5,834	-	40,954	
Salaries and benefits payable	53,099	23,669	12,631	7,698	1,386	71	34,795	4,156	1,878	5,553	3,070	926	1,937	1,125	6,725	916	-	159,635	18,400	2,990	9,695	-	9,037	43,554	-	243,311	
Accrued interest payable	3,744	719	478	82	5	3	220	17	43	-	-	-	133	-	-	-	-	5,444	-	-	-	-	243	-	-	5,687	
Current portion of malpractice costs	8,296	2,196	970	1,068	-	-	15,831	-	-	-	-	-	-	-	-	-	-	28,361	1,707	-	620	-	-	24,698	(30,714)	24,672	
Total current liabilities	222,582	61,896	69,442	39,357	12,018	719	155,523	20,073	11,581	25,434	23,529	3,909	9,726	6,909	43,108	2,672	(44,738)	663,740	75,623	9,174	191,397	-	28,579	175,935	(83,136)	1,061,312	
<b>Long-Term Debt, Net</b>	1,078,237	162,533	196,711	27,026	5,247	4,980	97,407	5,467	16,242	4,374	8,917	1,073	35,949	1,499	33,847	3,433	-	1,682,942	75,977	10,029	81,367	-	57,259	53,396	-	1,960,970	
<b>Malpractice Costs</b>	11,722	7,162	6,697	3,187	-	-	40,810	-	-	-	-	-	-	-	1,011	-	-	70,589	5,314	447	1,713	-	-	74,747	(78,336)	74,474	
<b>Right-of-Use Operating Lease Obligations</b>	8,733	2,665	1,939	1,098	-	-	4,504	115	2,855	1,140	158	-	7	733	103	93	-	24,143	5,938	-	1,199	-	239	4,926	-	36,445	
<b>Derivative Financial Instruments</b>	1,288	3,827	2,385	-	-	-	-	-	-	-	-	-	-	-	1,133	-	-	8,633	-	-	-	-	-	-	-	8,633	
<b>Due to Affiliates</b>	-	-	8,967	-	-	-	9,250	-	-	16,636	-	-	-	1,665	23,879	1,603	(62,000)	-	6,013	-	(108,813)	-	-	126,950	(24,150)	-	
<b>Pension Liability</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	(681)	2,733	1,283	-	3,335	-	6,823	-	-	45,121	-	-	55,279	
<b>Other Liabilities</b>	3,019	574	464	-	-	53	8,801	112	-	125	-	-	-	2,486	2,572	28	-	18,234	1,445	577	61	-	-	16,612	-	36,929	
Total liabilities	1,325,581	238,657	286,605	70,668	17,265	5,752	316,295	25,767	30,678	47,709	32,604	4,982	45,682	12,611	108,386	9,112	(106,738)	2,471,616	170,310	27,050	166,924	-	131,198	452,566	(185,622)	3,234,042	
<b>Net Assets (Deficit)</b>																											
Net assets without donor restrictions																											
Controlling interest	1,088,226	1,046,769	(10,731)	155,539	100,568	31,371	181,349	99,274	32,872	38,507	19,861	14,620	27,967	12,428	2,804	6,683	-	2,848,107	116,862	51,170	162,284	-	22,633	(27,496)	(16,661)	3,156,899	
Noncontrolling interest	-	-	2,902	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,902	-	-	-	-	-	-	(1,102)	-	1,800
Net assets without donor restrictions	1,088,226	1,046,769	(7,829)	155,539	100,568	31,371	181,349	99,274	32,872	38,507	19,861	14,620	27,967	12,428	2,804	6,683	-	2,851,009	116,862	51,170	162,284	-	22,633	(28,598)	(16,661)	3,158,699	
Net assets with donor restrictions																											
Controlling interest	14,642	-	-	-	6,204	834	-	260	80	9,484	(1,100)	370	(162)	-	254	787	-	31,653	3,810	1,158	-	-	-	29,217	-	65,838	
Noncontrolling interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21,696	-	21,696
Net assets with donor restrictions	14,642	-	-	-	6,204	834	-	260	80	9,484	(1,100)	370	(162)	-	254	787	-	31,653	3,810	1,158	-	-	-	50,913	-	87,534	
Total net assets	1,102,868	1,046,769	(7,829)	155,539	106,772	32,205	181,349	99,534	32,952	47,991	18,761	14,990	27,805	12,428	3,058	7,470	-	2,882,662	120,672	52,328	162,284	-	22,633	22,315	(16,661)	3,246,233	
Total liabilities and net assets	\$ 2,428,449	\$ 1,285,426	\$ 278,776	\$ 226,207	\$ 124,037	\$ 37,957	\$ 497,644	\$ 125,301	\$ 63,630	\$ 95,700	\$ 51,365	\$ 19,972	\$ 73,487	\$ 25,039	\$ 111,444	\$ 16,582	\$ (106,738)	\$ 5,354,278	\$ 290,982	\$ 79,378	\$ 329,208	\$ -	\$ 153,831	\$ 474,881	\$ (202,283)	\$ 6,480,275	

West Virginia University Health System and Controlled Entities  
Consolidating Schedule of Operations  
Year Ended December 31, 2024  
(In thousands)

	OBLIGATED GROUP																	NON-OBLIGATED GROUP							Total Consolidated		
	West Virginia University Hospital	United Hospital Center	Camden Clark Medical Center	Berkeley Medical Center	Jefferson Medical Center	University Healthcare Foundation	West Virginia University Health System	St. Joseph's Hospital	Potomac Valley Hospital	Reynolds Memorial Hospital	Summersville Regional Memorial Hospital	Braxton County Memorial Hospital	Jackson General Hospital	Wetzel County Hospital	Uniontown Hospital	Barnesville Hospital	Eliminations	Total Obligated Group	Wheeling Hospital	Garrett Regional Medical Center	Thomas Hospitals	Saint Francis Hospital	Princeton Community Hospital	Other Non-Obligated Group		Eliminations	
<b>Operating Revenues</b>																											
Net patient service revenues	\$ 1,851,732	\$ 639,212	\$ 451,017	\$ 378,903	\$ 91,319	\$ -	\$ -	\$ 113,947	\$ 86,214	\$ 149,897	\$ 72,575	\$ 26,858	\$ 52,586	\$ 42,808	\$ 185,320	\$ 24,495	\$ (5,171)	\$ 4,161,712	\$ 555,377	\$ 80,723	\$ 372,175	\$ 27,613	\$ 299,477	\$ 351,114	\$ (812)	\$ 5,847,379	
Outpatient pharmacy revenues	462,786	60,307	11,247	14,608	593	-	-	6,951	2,188	8,975	8,536	2,702	1,644	-	4,604	1,354	-	586,495	30,575	254	32,714	-	2,706	1,275	18,610	672,629	
Other revenues	62,469	8,600	35,014	9,038	472	3,564	516,627	1,004	1,766	2,621	690	254	593	359	2,109	1,043	(360,308)	285,915	10,406	1,166	4,992	293	3,153	273,324	(335,095)	244,154	
<b>Total operating revenues</b>	<b>2,376,987</b>	<b>708,119</b>	<b>497,278</b>	<b>402,549</b>	<b>92,384</b>	<b>3,564</b>	<b>516,627</b>	<b>121,902</b>	<b>90,168</b>	<b>161,493</b>	<b>81,801</b>	<b>29,814</b>	<b>54,823</b>	<b>43,167</b>	<b>192,033</b>	<b>26,892</b>	<b>(365,479)</b>	<b>5,034,122</b>	<b>596,358</b>	<b>82,143</b>	<b>409,881</b>	<b>27,906</b>	<b>305,336</b>	<b>625,713</b>	<b>(317,297)</b>	<b>6,764,162</b>	
<b>Operating Expenses</b>																											
Salaries and wages	562,726	186,774	120,657	94,921	20,897	1,031	223,808	35,872	29,242	58,964	29,410	9,707	21,009	18,040	59,755	10,378	1,211	1,484,402	191,390	25,066	109,623	4,914	94,973	418,841	(333)	2,328,876	
Employee benefits	189,265	54,157	46,894	31,636	7,115	395	83,816	13,465	9,935	17,687	9,717	3,463	6,483	5,851	18,679	4,069	387	503,014	62,317	10,269	31,096	437	31,227	84,238	(10,724)	711,874	
Supplies	737,841	153,026	101,314	74,187	8,115	-	295	23,600	16,071	26,469	14,328	2,988	5,569	4,795	36,169	2,075	-	1,206,842	163,282	12,994	103,377	8,247	49,551	30,661	(38,484)	1,536,470	
Physician support	287,153	46,322	62,514	60,065	16,294	-	-	6,502	5,152	5,890	6,087	4,628	1,358	824	30,891	2,370	(893)	535,157	60,902	925	13,382	737	44,025	12,791	(132,064)	535,855	
Professional fees and purchased services	68,131	32,765	28,887	40,313	14,128	15	45,212	6,186	6,938	7,393	2,912	1,692	2,798	2,089	12,140	1,565	(21,000)	252,164	36,463	4,741	36,357	920	19,796	36,314	(34,372)	352,383	
Maintenance and repairs	12,907	2,538	2,830	3,486	676	321	120,375	611	286	1,161	277	95	103	421	1,566	109	(20)	147,742	2,440	1,001	6,937	324	950	4,821	(433)	163,782	
Licenses and taxes	51,547	28,079	19,490	15,227	2,509	66	8,339	2,909	1,961	5,961	1,760	614	1,197	1,546	209	746	(37)	142,123	13,396	57	15,252	925	11,154	1,852	-	184,759	
Depreciation and amortization	90,931	26,055	17,707	11,204	3,123	1,162	38,347	3,523	2,421	4,725	1,634	841	2,493	926	5,017	593	-	210,702	8,527	2,624	9,666	505	10,715	10,703	-	253,442	
Interest	34,335	6,024	10,758	1,088	265	333	1,150	272	532	2,013	601	71	1,169	310	1,753	198	(125)	60,747	4,308	395	6,295	-	3,397	6,135	-	81,277	
Other	281,338	78,447	69,157	48,316	13,052	821	32,235	14,925	11,257	20,265	11,463	5,480	9,963	5,867	25,786	3,873	(345,002)	287,243	33,148	8,245	41,123	1,092	36,252	147,356	(118,820)	435,639	
<b>Total operating expenses</b>	<b>2,316,174</b>	<b>614,187</b>	<b>480,208</b>	<b>380,443</b>	<b>86,174</b>	<b>4,144</b>	<b>553,577</b>	<b>107,865</b>	<b>83,795</b>	<b>150,528</b>	<b>78,189</b>	<b>29,579</b>	<b>52,142</b>	<b>40,669</b>	<b>191,965</b>	<b>25,976</b>	<b>(365,479)</b>	<b>4,830,136</b>	<b>576,173</b>	<b>66,317</b>	<b>373,108</b>	<b>18,101</b>	<b>302,040</b>	<b>753,712</b>	<b>(335,230)</b>	<b>6,584,357</b>	
<b>Operating income (loss)</b>	<b>60,813</b>	<b>93,932</b>	<b>17,070</b>	<b>22,106</b>	<b>6,210</b>	<b>(580)</b>	<b>(36,950)</b>	<b>14,037</b>	<b>6,373</b>	<b>10,965</b>	<b>3,612</b>	<b>235</b>	<b>2,681</b>	<b>2,498</b>	<b>68</b>	<b>916</b>	<b>-</b>	<b>203,986</b>	<b>20,185</b>	<b>15,826</b>	<b>36,773</b>	<b>9,805</b>	<b>3,296</b>	<b>(127,999)</b>	<b>17,933</b>	<b>179,805</b>	
<b>Nonoperating Income (Loss)</b>																											
Investment income	56,257	51,526	3,634	3,367	4,686	1,039	6,623	4,682	289	734	396	173	591	199	2,237	-	-	136,433	6,599	1,734	419	-	2,073	15,874	(10,600)	152,532	
Change in fair value of derivative financial instruments	725	2,206	1,288	133	19	-	-	-	-	-	-	-	-	-	646	-	-	5,017	-	-	-	-	-	-	-	-	5,017
Loss on refinancing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(743)	-	-	-	-	-	-	(743)
Other, net	4,996	(26)	(2)	693	(76)	-	1	(33)	1	-	1	-	(3)	-	(153)	(197)	-	5,202	230	809	23	-	(1,785)	451	-	4,930	
<b>Total nonoperating income</b>	<b>61,978</b>	<b>53,706</b>	<b>4,920</b>	<b>4,193</b>	<b>4,629</b>	<b>1,039</b>	<b>6,624</b>	<b>4,649</b>	<b>290</b>	<b>734</b>	<b>397</b>	<b>173</b>	<b>588</b>	<b>199</b>	<b>2,730</b>	<b>(197)</b>	<b>-</b>	<b>146,652</b>	<b>6,086</b>	<b>2,543</b>	<b>442</b>	<b>-</b>	<b>288</b>	<b>16,325</b>	<b>(10,600)</b>	<b>161,736</b>	
Revenues in excess of (less than) expenses	122,791	147,638	21,990	26,299	10,839	459	(30,326)	18,686	6,663	11,699	4,009	408	3,269	2,697	2,798	719	-	350,638	26,271	18,369	37,215	9,805	3,584	(111,674)	7,333	341,541	
Change in noncontrolling interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,716	-	-	2,716
Revenues in excess of expenses attributable to controlling interest	122,791	147,638	21,990	26,299	10,839	459	(30,326)	18,686	6,663	11,699	4,009	408	3,269	2,697	2,798	719	-	350,638	26,271	18,369	37,215	9,805	3,584	(108,958)	7,333	344,257	
<b>Pension Liability Adjustment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,192</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,166</b>	<b>443</b>	<b>-</b>	<b>3,801</b>	<b>-</b>	<b>555</b>	<b>-</b>	<b>-</b>	<b>6,939</b>	<b>-</b>	<b>-</b>	<b>11,295</b>	
<b>Transfers to the School of Medicine and Strategic Initiatives</b>	<b>(20,778)</b>	<b>(855)</b>	<b>(665)</b>	<b>(536)</b>	<b>(136)</b>	<b>-</b>	<b>-</b>	<b>(149)</b>	<b>(78)</b>	<b>(152)</b>	<b>(126)</b>	<b>(82)</b>	<b>(142)</b>	<b>(55)</b>	<b>(307)</b>	<b>(45)</b>	<b>-</b>	<b>(24,106)</b>	<b>(573)</b>	<b>(58)</b>	<b>(370)</b>	<b>-</b>	<b>(313)</b>	<b>1,403</b>	<b>-</b>	<b>(24,017)</b>	
<b>Contributions and Grants for Long-Lived Assets</b>	<b>738</b>	<b>42</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>863</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,643</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,000</b>	<b>-</b>	<b>14,643</b>	
<b>Net Assets Released From Restriction for Long-Lived Assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,692</b>	<b>-</b>	<b>4,692</b>	
<b>Other</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>559</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>(337)</b>	<b>-</b>	<b>228</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(6,538)</b>	<b>-</b>	<b>(6,310)</b>	
<b>Net Asset Contribution</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(217,200)</b>	<b>(121,403)</b>	<b>-</b>	<b>338,603</b>	<b>-</b>	<b>-</b>	
<b>Transfers (To) From Affiliates</b>	<b>(16,507)</b>	<b>(4,914)</b>	<b>(3,857)</b>	<b>(2,919)</b>	<b>(867)</b>	<b>-</b>	<b>57,014</b>	<b>(1,001)</b>	<b>(894)</b>	<b>(1,448)</b>	<b>(930)</b>	<b>(464)</b>	<b>(907)</b>	<b>(583)</b>	<b>(2,788)</b>	<b>(435)</b>	<b>-</b>	<b>18,500</b>	<b>(2,709)</b>	<b>(12,840)</b>	<b>(21,787)</b>	<b>-</b>	<b>(3,259)</b>	<b>22,095</b>	<b>-</b>	<b>-</b>	
<b>Change in Net Assets Without Donor Restrictions</b>	<b>\$ 86,244</b>	<b>\$ 141,911</b>	<b>\$ 17,468</b>	<b>\$ 22,844</b>	<b>\$ 9,836</b>	<b>\$ 459</b>	<b>\$ 27,247</b>	<b>\$ 18,728</b>	<b>\$ 5,691</b>	<b>\$ 10,099</b>	<b>\$ 2,953</b>	<b>\$ (138)</b>	<b>\$ 3,083</b>	<b>\$ 2,059</b>	<b>\$ 1,875</b>	<b>\$ 345</b>	<b>\$ -</b>	<b>\$ 350,704</b>	<b>\$ 22,989</b>	<b>\$ 6,026</b>	<b>\$ (202,142)</b>	<b>\$ (111,598)</b>	<b>\$ 6,951</b>	<b>\$ 264,297</b>	<b>\$ 7,333</b>	<b>\$ 344,560</b>	

West Virginia University Health System and Controlled Entities  
Consolidating Schedule of Changes in Net Assets  
Year Ended December 31, 2024  
(in thousands)

	OBLIGATED GROUP																		NON-OBLIGATED GROUP							Total Consolidated		
	West Virginia University Hospital	United Hospital Center	Camden Clark Medical Center	Berkeley Medical Center	Jefferson Medical Center	University Healthcare Foundation	West Virginia University Health System	St. Joseph's Hospital	Potomac Valley Hospital	Reynolds Memorial Hospital	Summersville Regional Memorial Hospital	Braxton County Memorial Hospital	Jackson General Hospital	Wetzel County Hospital	Uniontown Hospital	Barnesville Hospital	Eliminations	Total Obligated Group	Wheeling Hospital	Garrett Regional Medical Center	Thomas Hospitals	Saint Francis Hospital	Princeton Community Hospital	Other Non-Obligated Group	Eliminations			
<b>Changes in Net Assets Without Donor Restrictions</b>																												
Revenues in excess of (less than) expenses	\$ 122,791	\$ 147,638	\$ 21,990	\$ 26,299	\$ 10,839	\$ 459	\$ (30,326)	\$ 18,686	\$ 6,663	\$ 11,699	\$ 4,009	\$ 408	\$ 3,269	\$ 2,697	\$ 2,798	\$ 719	\$ -	\$ 350,638	\$ 26,271	\$ 18,369	\$ 37,215	\$ 9,805	\$ 3,584	\$ (108,958)	\$ 7,333	\$ 344,257		
Pension liability adjustment	-	-	-	-	-	-	-	1,192	-	-	-	-	-	-	2,166	443	-	3,801	-	555	-	-	6,939	-	-	11,295		
Transfers to the School of Medicine and strategic initiatives	(20,778)	(855)	(665)	(536)	(136)	-	-	(149)	(78)	(152)	(126)	(82)	(142)	(55)	(307)	(45)	-	(24,106)	(573)	(58)	(370)	-	(313)	1,403	-	(24,017)		
Contributions and grants for long-lived assets	738	42	-	-	-	-	-	-	-	-	-	-	863	-	-	-	-	1,643	-	-	-	-	-	-	13,000	-	14,643	
Net assets released from restrictions for long-lived assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,692	-	4,692
Net asset contribution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(217,200)	(121,403)	-	-	338,603	-	-	
Other	-	-	-	-	-	-	559	-	-	-	-	-	-	-	6	(337)	-	228	-	-	-	-	-	-	-	(6,538)	-	(6,310)
Transfers (to) from affiliates	(16,507)	(4,914)	(3,857)	(2,919)	(867)	-	57,014	(1,001)	(894)	(1,448)	(930)	(464)	(907)	(583)	(2,788)	(435)	-	18,500	(2,709)	(12,840)	(21,787)	-	(3,259)	22,095	-	-		
Change in net assets without donor restrictions, controlling interest	86,244	141,911	17,468	22,844	9,836	459	27,247	18,728	5,691	10,099	2,953	(138)	3,083	2,059	1,875	345	-	350,704	22,989	6,026	(202,142)	(111,598)	6,951	264,297	7,333	344,560		
<b>Change in Net Assets Without Donor Restrictions, Noncontrolling Interest</b>																												
Revenues in excess of (less than) expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,716)	-	(2,716)
Noncontrolling interest net asset contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,250	-	2,250
Change in net assets without donor restrictions, noncontrolling interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(466)	-	(466)
<b>Changes in Net Assets With Donor Restrictions</b>																												
Increase in restricted assets held by affiliated foundations	1,701	-	-	-	283	-	-	-	-	-	-	-	-	-	-	-	-	1,984	-	-	-	-	-	-	-	-	1,984	
Contributions and grants	256	-	-	(65)	28	44	-	-	12	3,524	-	-	-	-	28	-	-	3,827	644	262	-	-	-	-	(1,472)	-	3,261	
Net assets released from restrictions, noncontrolling interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,346)	-	(2,346)
Net assets released from restrictions for long-lived assets and operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(196)	-	-	-	-	-	(2,346)	-	(2,542)
Change in net assets with donor restrictions	1,957	-	-	(65)	311	44	-	-	12	3,524	-	-	-	-	28	-	-	5,811	448	262	-	-	-	-	(6,164)	-	357	
Change in net assets	88,201	141,911	17,468	22,779	10,147	503	27,247	18,728	5,703	13,623	2,953	(138)	3,083	2,059	1,903	345	-	356,515	23,437	6,288	(202,142)	(111,598)	6,951	257,667	7,333	344,451		
<b>Net Assets (Deficit), Beginning</b>	1,014,667	904,858	(25,297)	132,760	96,625	31,702	154,102	80,806	27,249	34,368	15,808	15,128	24,722	10,369	1,155	7,125	-	2,526,147	97,235	46,040	364,426	111,598	15,682	(235,352)	(23,994)	2,901,782		
<b>Net Assets (Deficit), Ending</b>	\$ 1,102,868	\$ 1,046,769	\$ (7,829)	\$ 155,539	\$ 106,772	\$ 32,205	\$ 181,349	\$ 99,534	\$ 32,952	\$ 47,991	\$ 18,761	\$ 14,990	\$ 27,805	\$ 12,428	\$ 3,058	\$ 7,470	\$ -	\$ 2,882,862	\$ 120,672	\$ 52,328	\$ 162,284	\$ -	\$ 22,833	\$ 22,315	\$ (16,661)	\$ 3,246,233		