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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
West Virginia University Hospitals Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 8034 Accounting and Finance

City or town, state or country, and ZIP + 4
Morgantown, WV 265068034

D Employer identification number
55-0643304

E Telephone number
(304) 598-4355

G Gross receipts $ 575,982,886

F Name and address of principal officer
Bruce McClymonds PresidentCEO
PO Box 8131
Morgantown, WV 26506

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www wvuh com

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

L Year of formation 1984

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WVU Hospitals exists to provide a quality healthcare system, including tertiary services, to the citizens of WV and the surrounding region Equally important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the WVU Health Sciences Center WVUH operates an inpatient, outpatient, and skilled nursing facility as well as a 24 hr per day 7 day per week emergency room

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	5,086
6	Total number of volunteers (estimate if necessary)	**6**	416
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,333,777
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-532,450

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,886,841	2,197,517
9	Program service revenue (Part VIII, line 2g)	511,464,048	550,239,461
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,097,371	-23,745,543
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,256,824	19,422,379
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,510,342	548,113,814
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	193,440	130,279
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	220,406,810	237,877,329
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 885,662		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	314,545,735	323,960,562
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	535,145,985	561,968,170
19	Revenue less expenses Subtract line 18 from line 12	-5,635,643	-13,854,356

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	612,545,359	648,590,553
21	Total liabilities (Part X, line 26)	289,004,942	291,071,751
22	Net assets or fund balances Subtract line 21 from line 20	323,540,417	357,518,802

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-15

▶ Bruce McClymonds PresidentCEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

WVU Hospitals exists to provide a quality healthcare system, including tertiary services, to the citizens of WV and the surrounding region Equally important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the WVU Health Sciences Center

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 68,560,891 including grants of $) (Revenue $ 86,583,911)

Internal Medicine - The internal medicine department of WVU Hospitals provides comprehensive primary care to adults Coordinated care is provided for patients in both an outpatient and inpatient setting Members of the internal medicine department provide a variety of patient care services including checkups for health promotion and disease prevention, pre-employment physicals for all new employees, pre-operative assessments, routine care of common medical illnesses, and ongoing medical management and coordination of care for complex disease states

4b (Code) (Expenses $ 47,696,851 including grants of $) (Revenue $ 59,254,625)

General Surgery - WVU Hospitals surgeons, combined with our state-of- the-art surgical technologies, provide patients with some of the most advanced medical care available today Innovating technologies, like minimally invasive robotic surgery help reduce pain, decrease recovery time, and improve surgical outcomes WVUH offers procedures for a range of conditions, such as cardiovascular surgery for ischemic, valvular, and congenital heart disease, pacemaker implants, gastrointestinal surgery, general pediatric, pediatric urology, and pediatric cardiothoracic surgery, thoracic surgery, surgery for injuries that result from trauma, vascular surgery involving vessels of the head, neck, extremities, and abdominal aorta, surgical oncology, and urologic disorders

4c (Code) (Expenses $ 43,363,136 including grants of $) (Revenue $ 46,755,689)

Orthopedics - provides state-of-the-art care to adults and children Our clinical expertise, combined with cutting edge technology, enables us to provide excellent services for a wide range of orthopedic disorders and injuries Our goal is to heal and help through surgery, medication, rehabilitation, or a combination of several therapies Our faculty is nationally recognized and fellowship trained, but we emphasize more than surgical expertise Along with excellent patient care, our goal is to provide excellent service to each of our patients Every member of the orthopedics team is committed to providing friendly, efficient, and respectful care Our services include treatment for spine and joint degeneration, musculoskeletal trauma, sports injuries, hand shoulder disorders, pediatrics, and tumors

4d Other program services (Describe in Schedule O)

(Expenses $ 299,533,857 including grants of $ 130,279) (Revenue $ 357,645,236)

4e **Total program service expenses** ▶ $ 459,154,735

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes / No) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	261		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,086		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	17		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Mary Jo Shahan CFO
PO Box 8034
Morgantown, WV 26506
(304) 598-4554

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,276,664	117,824	368,347

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 121

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GA Brown & Son 215 Mill Street Fairmont, WV 26554	Construction	4,166,652
Epic Systems Corp 1979 Milky Way Verona, WI 53593	Software Development	3,557,583
Accenture LLP 161 N Clark St Chicago, IL 60601	Operational Consulting	1,311,578
Chapman Corp 331 S Main St Washington, PA 15301	Construction	2,298,432
Landau Building Company 9855 Rinamin Road Wexford, PA 15090	Construction	1,217,152
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 54		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	117,857			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,079,660			
	g	Noncash contributions included in lines 1a-1f $ 173,261					
	h	**Total.** Add lines 1a-1f		2,197,517			
Program Service Revenue			Business Code				
	2a	Patient Service Revenue	900,099	547,868,614	547,868,614		
	b	HealthNet	621,910	231,751	231,751		
	c	Tuition	900,099	1,031,151	1,031,151		
	d	Perfusion	900,099	211,220	211,220		
	e	Archiving MRI PET Scans	900,099	368,807	368,807		
	f	All other program service revenue		527,918	527,918		
	g	**Total.** Add lines 2a–2f		550,239,461			
	3	Investment income (including dividends, interest and other similar amounts)		3,853,877			3,853,877
	4	Income from investment of tax-exempt bond proceeds		25,703			25,703
	5	Royalties					

		(i) Real	(ii) Personal				
6a	Gross Rents	1,028,157					
b	Less rental expenses	243,949					
c	Rental income or (loss)	784,208					
d	Net rental income or (loss)			784,208			784,208

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory						
b	Less cost or other basis and sales expenses	27,291,720	333,403				
c	Gain or (loss)	-27,291,720	-333,403				
d	Net gain or (loss)			-27,625,123			-27,625,123
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	UML Lab Fees	621,500	1,234,521		1,234,521	
	b	Outpatient Pharmacy	900,099	9,795,546			9,795,546
	c	Cafeteria	900,099	5,383,200			5,383,200
	d	All other revenue		2,224,904		99,256	2,125,648
	e	**Total.** Add lines 11a–11d		18,638,171			
	12	**Total revenue.** See Instructions		548,113,814	550,239,461	1,333,777	-5,656,941

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	130,279	130,279		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,618,044		2,618,044	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	184,596,271	156,517,977	27,772,328	305,965
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,701,651	4,776,106	925,545	
9	Other employee benefits	29,684,629	25,024,532	4,569,781	90,316
10	Payroll taxes	15,276,734	12,796,872	2,479,862	
11	Fees for services (non-employees)				
a	Management	640,635	640,635		
b	Legal	655,245		655,245	
c	Accounting	108,891		108,891	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	2,473,193		2,473,193	
g	Other	70,681,100	62,894,761	7,656,204	130,135
12	Advertising and promotion	1,205,427	7,236	1,198,191	
13	Office expenses	138,688,044	132,046,173	6,550,088	91,783
14	Information technology	1,030,190	358,103	672,087	
15	Royalties	0			
16	Occupancy	5,396,571	252,580	5,143,991	
17	Travel	761,208	247,253	479,168	34,786
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	9,248,478		9,248,478	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	37,137,936	16,281,988	20,855,948	
23	Insurance	4,316,613	3,668,843	647,770	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Provision for Doubtful Accounts	31,600,051	31,600,051		
b	Association Dues	847,205	100,054	516,463	230,687
c	Educational Training	546,488	480,130	66,358	
d	Taxes, Licenses Fees	16,795,362	10,866,804	5,928,558	
e	Recruiting	246,601	13,669	232,932	
f	All other expenses	1,581,324	450,689	1,128,648	1,990
25	**Total functional expenses.** Add lines 1 through 24f	561,968,170	459,154,735	101,927,773	885,662
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,600	1	2,600
	2	Savings and temporary cash investments		9,877,694	2	17,266,552
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		99,917,124	4	93,849,197
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,030,475	8	13,230,974
	9	Prepaid expenses and deferred charges		9,819,041	9	9,683,368
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 479,771,936			
	b	Less accumulated depreciation	10b 275,487,018	193,528,857	10c	204,284,918
	11	Investments—publicly traded securities		106,803,675	11	135,914,576
	12	Investments—other securities See Part IV, line 11		119,773,000	12	128,070,000
	13	Investments—program-related See Part IV, line 11		1,997,594	13	2,197,995
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		58,795,299	15	44,090,373
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		612,545,359	16	648,590,553
Liabilities	17	Accounts payable and accrued expenses		55,761,485	17	53,831,348
	18	Grants payable			18	
	19	Deferred revenue		417,552	19	728,534
	20	Tax-exempt bond liabilities		191,689,111	20	203,216,617
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		41,136,794	25	33,295,252
	26	**Total liabilities.** Add lines 17 through 25		289,004,942	26	291,071,751
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		317,332,578	27	351,310,963
	28	Temporarily restricted net assets		5,708,054	28	5,708,054
	29	Permanently restricted net assets		499,785	29	499,785
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		323,540,417	33	357,518,802
	34	Total liabilities and net assets/fund balances		612,545,359	34	648,590,553

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	0 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
West Virginia University Hospitals Inc	55-0643304

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,080
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		92,857
j	Total lines 1c through 1i			94,937
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
II-B	1g	The President CEO of WVU Hospitals, as part of his duties, monitors legislation that may potentially affect WVUH and voices his support or concerns regarding that legislation to legislators either in person, by phone, or by mail. It is estimated that during 2009 the CEO spent 8 hours of time lobbying this totals 2,080
II-B	1i	As per estimates provided by the American Hospital Association, 23.76 of the 2009 dues were to allocated to lobbying expense this totals 15,182. The WV Hospital Association estimates that during 2009, 14.30 of the dues paid should be allocated to lobbying expense this total is 29,675. Fees paid to a public relations company during 2009 that should be allocated to lobbying totaled 48,000 during 2009

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,063,073		1,063,073
b Buildings		148,395,574	70,219,710	78,175,864
c Leasehold improvements		478,262	353,035	125,227
d Equipment		250,655,229	161,012,924	89,642,305
e Other		79,179,798	43,901,349	35,278,449
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				204,284,918

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other Alternative Investments	128,070,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	128,070,000	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Unamortized Borrowing Cost	4,858,742
Deferred Compensation Plan	879,709
Construction in Progress	35,065,340
Amerisource Bergan Prepaid	2,805,823
Due From Related Organizations - Non Current	480,759
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	44,090,373

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Self Insured Liability	24,442,717
Deferred Compensation Plan	879,709
Derivative Financial Instruments	7,368,242
Deferred Taxes	
Due to Related Organizations - Current	521,535
Due to Related Organizations - Accrued	83,049
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	33,295,252

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	548,113,814
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	561,968,170
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-13,854,356
4	Net unrealized gains (losses) on investments	4	47,814,694
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	18,047
9	Total adjustments (net) Add lines 4 - 8	9	47,832,741
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	33,978,385

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	575,982,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	27,869,074		
e	Add lines **2a** through **2d**			2e	27,869,074
3	Subtract line **2e** from line **1**			3	548,113,814
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	548,113,814

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	542,022,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-19,945,620		
e	Add lines **2a** through **2d**			2e	-19,945,620
3	Subtract line **2e** from line **1**			3	561,968,170
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	561,968,170

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
X	2	The annual audit and financial statements of WVUH was prepared on a consolidated basis as a member of the WV United Health System The System accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met There were no tax uncertainties that met the recognition threshold in 2009
XI	8	The amount shown in Part XI line 8, 18,047, consists of 31,125 the equity increase from the funding agreement with UPC, a not for profit healthcare facility with locations spanning WV and MD less 13,078 which is the total allocations paid to the Health System for reimbursement of the WVUH portion of System expenses
XII	2d	The amount shown 27,869,074, was calculated using loss on the disposal of assets and loss on impairment of alternative investments totals 27,625,125 and expenses that were allocated as being associated with WVUHs rental activity and thus reclassified to offset rental income in Part 8 of the Form 990 total 243,949
XIII	2d	The amount shown 19,945,620, was calculated using unrealized gains during 2009 total 47,814,694 less loss on the disposal of assets and impairment of alternative investments of 27,625,125 and less expenses associated with WVUHs rental activity of 243,949

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		8,585	13,513,320		13,513,320	2 550 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		98,738	144,357,603	121,946,937	22,410,666	4 230 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		3,144	1,758,860	1,306,905	451,955	0 090 %
d **Total** Charity Care and Means-Tested Government Programs		110,467	159,629,783	123,253,842	36,375,941	6 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			177,747	6,615	171,132	0 030 %
f Health professions education (from Worksheet 5)			23,907,871	9,258,072	14,649,799	2 760 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,636,558		2,636,558	0 500 %
j **Total** Other Benefits			26,722,176	9,264,687	17,457,489	3 290 %
k **Total.** Add lines 7d and 7j		110,467	186,351,959	132,518,529	53,833,430	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			920		920	
2	Economic development						
3	Community support			11,623		11,623	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			28,000		28,000	
8	Workforce development			369		369	
9	Other						
10	**Total**			40,912		40,912	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	13,169,976		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,262,073		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	145,661,690		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	156,688,606		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-11,026,916		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b			No

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
West Virginia University Hospitals PO Box 8034 Morgantown, WV 26506	X	X	X	X			X		Not for profit hospital
Chestnut Ridge Center 930 Chestnut Ridge Road Morgantown, WV 26505	X								Behavioral Health Facility
Cheat Lake Physicians 608 Cheat Road Morgantown, WV 26508		X							Physicians Office

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

WVU Hospital WVUH uses 200 Federal Poverty Guideline FPG to determine free care eligibilty However, WVUH does not offer discounted care to individuals who fail the 200 FPG test

WVU Hospitals Community Responsibility Report is available on our website at www wvuh com under general information

Total community benefit expense for 2009 is 186,351,959 and is 35 of total net expenses To calculate net expense, bad debt of 31,567,537 was deducted from total expenses of 561,968,170 shown in Part IX line 25 of the core form 990, for a net expense of 530,400,634

Worksheet 2 from the IRS Schedule H instructions was used to derive the Cost-to-Charge ratio, which was used to calculate Charity Care, Unreimbursed Medicaid and other means-tested government programs at cost To calculate the Medicare allowable cost shown in Part III question 8 we used the allowable costs from the Medicare Cost report

WVU Hospitals footnote for accounts receivable - patients states Accounts receivable - patients are reported at net realizable value Accounts are written off when they are determined to be uncollectible based upon managments assessments of individual accounts The allowance for doubtful accounts is estimated based upon a periodic review of the accounts receivable aging, payor classification, and application of historical write-off percentages WVUH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid, and various commercial insurance companies WVUH maintains allowances for potential credit losses and such losses have historically been within managements expectation Bad Debt Expense was calculated by multiplying bad debt expense of 31,67,537 by our cost-to-charge ratio of 41 72, derived from worksheet 2 of the IRS Schedule H instructions, for a total of 13,169,976 Estimated bad debt attributable to patients eligible for charity care was calculated by running a report within our patient revenue software of all bad debt account balances greater than 50,000 The total of that report was 3,025,104 which we then multiplied by our cost-to-charge ratio of 41 72 for a total of 1,262,073 We feel that at a minimum the estimated bad debt attributable to patients eligible for charity care of 1,262,073 should be considered community benefit due to the fact that anyone with outstanding balances of 50,000 or greater usually qualifies as catastrophic if the patient completes the application process Our Charity Care Policy defines catastrophic care as any illness or injury that will likely require continuous or frequent treatment for more than one year

The amount reported in Part III, Line 6,156,688,606 was calculated using the total Medicare allowable cost from the Medicare cost report, less Medicare reimbursement of direct GME WVU Hospitals shortfall, 11,026,916 of Medicare program reimbursement should be considered a community benefit because we are relieving a government burden by providing care in excess of our costs to patients WVUH has the only Level 1 Trauma Center in the area and we serve an aging population that relies on us to provide the most state-of-the-art care available in the area

WVUH does have a debt collection policy The policy does not yet address collection practices to be followed for patients who are known to qualify for charity care or financial assistance

Within the main West Virginia University Hospitals facility, WVUH operates a childrens hospital, cancer center, cardiac care unit, emergency department 24 hrs per day, 7 days per week, the regions only Level I adult pediatric trauma center, the Rosenbaum Family House which provides a place for adult patients and their families to stay while receiving medical care at WVUH, and other patient care services Chestnut Ridge Center is a leading regional referral center for treatment of psychiatric illness and addiction for adults and adolescents It offers a continuum of care through inpatient, partial hospitalization, outpatient, and residential treatment services Cheat Lake Physicians offers a wide array of primary healthcare services to patients in a convenient, comfortable setting They provide onsite X-Ray, bone density screenings, mammography, and ultrasound services

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

The Planning and Marketing Division of WVU Hospitals, Inc prepares an annual needs assessment report They also track needs throughout the year to determine if changes in the community warrant an immediate reaction from WVUH WVUH considers several components in determining the needs of the community it serves The Primary Service Area PSA for WVUH includes Monongalia County, WV, Marion County, WV, Taylor County, WV and Preston County, WV WVUH utilizes various resources to determine community needs including outside consultants, collaboration with various departments within the hospital, physician to population ratio from the American Medical Association and the U S Census Bureau, physician availablilty in the entire service area, and general health risks for our community from clinical diagnosis information gathered by the West Virginia Health Care Authority and Thomson Reuters Market Planner Plus Once all the data is gathered to determine where residents of West Virginia are going for care and what types of services they are receiving, a needs assessment can then begin based on physician distribution and population estimates to determine how WVUH could better care for the residents of our community Furthermore, in accordance with the mission and values of WVUH, it is important to mention that this information is compiled to be a guide to help provide a quality health care system, including tertiary services, to the citizens of West Virginia and the surrounding area Equally important, WVUH is committed by law and philosophy to be the primary clinical site for the education and research programs of the West Virginia University Health Sciences Center

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

WVUH employs 10 financial counselors to meet with patients and discuss eligibility to qualify for charity care WVUH provides brochures discussing charity care and the qualifications for receiving charity care These brochures are available at each registration area in the facility WVUH provides financial assistance to patients who do not qualify for any state or federal programs Our charity care eligibility guidelines are also listed on our website at www wvuh com under the patient and visitors section WVUH also has contracted a third party organization to be on-site to help patients that qualify for charity care, Medicaid or other types of financial assistance, complete the required applications and provide the correct documentation to receive these benefits

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

WVUH serves the entire state of West Virginia and portions of the neighboring states of Maryland and Pennsylvania WVUH considers its Primary Service Area PSA to include Monongalia County, WV, Marion County, WV, Taylor County, WV, and Preston County, WV The 2008 market share for our PSA was 38 9 with 18 26 of those patients covered by Medicaid and 8 6 uninsured Non-profit competitors within our PSA include Monongalia General Hospital and Fairmont General Hospital Non-Profit competitors within our overall service area include Charleston Area Medical Center and University of Pittsburg Medical Center Per 2008 U S Census information Monongalia County has a population of 89,080, average household income of 53,498, and an unemployemnt rate of 4 98 16 3 of residents were below the Federal Poverty Guideline for 2008 FPG 2008 Marion Countys population is 56,779, with an average household income of 46,362, unemployment of 6 98 with 18 8 of residents falling below FPG 2008 Taylor County has a population of 13,750, average household income of 45,149 and unemployemnt of 8 39 17 2 of Taylor County residents fell below the FPG 2008 Preston Countys population is 30,381, with an average household income of 45,482, and unemployement rate of 7 42 16 6 of Preston County residents fall below the Federal Poverty Guidelines for 2008 Based on community needs, WVUH offers a comprehensive range of healthcare services, from well-child visits with a pediatrician to life saving surgery While our central mission is to provide state-of-the-art care to the people of West Virginia and the surrounding areas, the excellence of our services brings people from every US state and our Neurosurgery program draws international patients to WVUH WVUH provides support throughout the entire state of West Virginia by making sure the health care is available to all, regardless of income or health insurance by supporting important educational and social welfare activities within our immediate community and to the entire state of West Virginia and surrounding area and by providing financial support to the health professions education programs of West Virginia University In 2009 31 1 of West Virginia residents suffered from obesity, according to a study by the Center for Disease Control and Prevention Obesity is defined as a body mass index BMI of 30 or greater Obesity is a major risk factor for cardiovascular disease, certain types of cancer, and type 2 diabetes WVUH participates in many different programs that address obesity throughout West Virginia The Coronary Artery Risk Detection in Appalachian Communities CARDIAC, Healthy Hearts A Web-based Instructional Module for Children on Cardiovascular Health, Choosy Kids, Helping Educators Attack CVD Risk Factors Together HEART, The Dr Dean Ornish Program, and the WV Healthy Lifestyles Act on Education Practices and Childhood Obesity WVUH physicians also participate in day camps that promote healthy activities to children in our community

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Physical Improvements and Housing - WVUH employees spend a weekday afternoon - on work time - volunteering at a social service agency to do repairs and maintenance on homes for residents of Monongalia County Community Support - WVUH Child Development Center participates in the Brain Under Construction Zone - a program that helps ensure that all children are ready physically, mentally, developmentally, emotionally, and socially for kindergarten The director of WVUH Risk Management and Safety Department serves as the WVHA Region 6/7 Healthcare Threat Preparedness Coordinator, and also serves on the WVHA Region 6/7 Committee, the Monongalia County Local Emergency Planning Committee, and the Harrison County Local Emergency Planning Committee His duties related to these various committees go above and beyond what is required by the WV Hospital Association as he is the Co-Chair and Regional Coordinator Community Health Improvement Advocacy - based on a needs assessment WVUH funded a Sexual Assault Nurse Examiner SANE service for the Emergency Department WVUH also partners with Morgantown Board of Parks and Recreation Commission BOPARC to promote healthy living and enhance the quality of life in the area Together WVUH and BOPARC organized the Waterfront Web Fit Stop - playgrounds and fitness stops along the rail-trail WVUH also partnered with BOPARC to hold a mini-triathlon, Sprint, Splash Spin, with proceeds going to benefit Monongalia County Habitat for Humanity Many WVUH employees participate or volunteer at this event WVUH sponsors camps that promote physical activity to area children WVUH healthcare professionals are often guest speakers at these camps WVUH partnered with the Morgantown/Monongalia Metropolitan Planning Organization to do a study related to transporation in the Morgantown area to determine public needs and desires for providing new transportation services Workforce Development - The Human Resources Department of WVUH goes to North Central WV Opportunities Industrialization Center and offers mock interviews to students to prepare them for job opportunities in their field of study

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

The WVUH Board of Directors is a community board, with twelve of the seventeen members living in or around Morgantown, WV The 5 remaining board members live outside the PSA for WVUH, but still live within our overall service area Having members living outside our PSA allows us to be more aware of the healthcare need in other areas of West Virginia Of the seventeen board members fourteen are neither an employee or contractor of WVUH As a university medical center WVUH only extends privileges to faculty of the West Virginia University School of Medicine WVUH allocates available funding to capital purchases and expanded services to improve patient care, support medical education at West Virginia University, and research through support of the Mary Babb Randolph Cancer Center In 2008 WVUH was recognized as a Top 100 Quality Improvement Leader by Thomson Reuters, marking the significant progress WVUH has made in clinical quality improvement measurement, implementation, and demonstration of results WVUH was recently recertified by the American College of Surgeons as the only ACS Level I Trauma Center in West Virginia and is also the only Magnet Hospital for Nursing Excellence in the state designated by the American Nursing Accreditation Center WVUH is responsible for providing educational and clinical facilities primarily for West Virginia Universitys Schools of Health, Science, Dentistry and Medicine WVUH offers diabetes education to the public The American Diabetes Association awarded the Diabetes Education Center a three-year certificate of recognition for offering high quality diabetes self-management education The certification was re-designated in 2007 The certification ensures that our program meets the national standards for diabetes self-management education residents Many WVUH healthcare providers and students volunteer their time 2,175 hours in 2009 at Milan Puskar Health Right, a community health clinic, which provides care at no cost to uninsured or underinsured low-income residents

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

WVUH is a part of the West Virginia United Health System As a university medical center and the largest hospital in the System, WVUH plays a significant role in improving the general health care of the community The strategic plan of the System states an intent to build a regional health care delivery system in its service area while offering a variety of options for providers who want to participate The System maintains a demonstrated committment to assist rural communities in preserving and improving the health care available to the patients it serves System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the Systems service area Other hospitals in the System include United Hospital Center, which is more centrally located in the state, and City Hospital, Inc and Jefferson Memorial Hospital which are located in the Eastern Panhandle of West Virginia

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WVU Foundation1 Waterfront Place Morgantown, WV 26507	556017181	501c3	25,750				Program Support
United Way of Monongalia and Preston Counties Inc 278-C Sprice Street Morgantown, WV 26505	550462065	501c3	25,700	12,236	FMV	Training, distribution of community information, collection of funds and donated items/	Support, expense related to fundraising
American Heart Association PO Box 12110 Charleston, WV 25304	135613797	501c3	5,000				Support
Board of Parks & Recreation CommissionPO Box 590 Morgantown, WV 26507		501c3	23,000	395	FMV	Community/Public relations for community activities	Support, Community and Public relations
Monongalia County Habitat for Humanity209 Greenbag Road Morgantown, WV 26501	550701426	501c3	5,000				Support
WV Center for Nursing1018 Kanawha Blvd E Ste 700 Charleston, WV 25301	203711601	115	5,000				Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 21

3 Enter total number of other organizations . . . ▶ 31

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
I	2	WVU Hospitals provides cash contributions to various charitable organziations that
I	2	support education, healthcare, or community building activities WVUH does not
I	2	monitor the use of grants after awarded

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bruce McClymonds	(i)	557,622	500	58,735	71,480	41,092	729,429	36,790
	(ii)							
Mary Jo Shanan	(i)	225,996		7,156		8,698	241,850	
	(ii)							
Rich King	(i)	133,405		23,159	11,242	9,593	177,399	
	(ii)	57,174		9,926	4,818	4,111	76,029	
Robert Brandfass	(i)	193,729		9,170	13,216	13,627	229,742	7,086
	(ii)	48,432		2,293	3,304	3,407	57,436	1,771
Stephen Tancin	(i)	212,736		13,014	5,915	29,927	261,592	2,904
	(ii)							
Gary Murdock	(i)	217,683		11,324	14,210	19,029	262,246	8,978
	(ii)							
Dorothy Oakes	(i)	217,746	500	11,774	14,140	6,801	250,961	7,370
	(ii)							
Charlotte Bennett	(i)	193,060	500	4,479	12,600	18,434	229,073	
	(ii)							
Taylor Troischt	(i)	160,333		97,544		17,461	275,338	
	(ii)							
Thomas McNeely	(i)	178,438		10,670		17,539	206,647	
	(ii)							
Christine Vaglienti	(i)	175,082				18,447	193,529	
	(ii)							
Susan Straight	(i)	160,281		3,182		6,939	170,402	
	(ii)							
Lindsay Weglinski	(i)	141,982		28,247			170,229	
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
I	4B	During 2009, certain individuals reported in Part VII participated in a nonqualified retirement plan The following is a list of those individuals, plan types and amounts
I	4B	Bruce McClymonds - 457F -7,336 CAA 71,480 received a vesting from CAA of 36,790 included in 2009 form W-2 box 5
I	4B	Steve Tancin - CAA 5,915 Received a CAA Vesting of 2,904 included in 2009 form W-2 box 5
I	4B	Gary Murdock - CAA - 14,210 received a CAA Vesting of 8,978 included in 2009 form W-2 box 5
I	4B	Robert Bradfass - CAA 13,216 WVUH portion, 3,304 WVUHS parent company portion, vestings of 7,086 1,771 respectively
I	4B	Charlotte Bennett - CAA 12,600
I	4B	Dorothy Oakes - CAA 14,140
I	4B	Richard King - CAA 11,242 WVUH portion, 4,818 WVUHS parent company portion
I	1a	Gross up payments are made to pay the taxes on the life insurance premiums and personal use of the company vehicle for the CEO While there was no formal written policy in place during 2009 to govern this practice, one is being developed for 2011 These are included in the Form 990 compensation, and they have been approved by the Board This amount was also included in 2009 form W-2 Box 5 as taxable compensation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	West Virginia Hospital Finance Authority	62-1256910	956622US1	09-04-2003	23,951,029	2003 Series A - See Schedule O for description of purpose		X		X
B	West Virginia Hospital Finance Authority	62-1256910	956622US1	09-04-2003	26,260,771	2003 Series B - See Schedule O for description of purpose		X		X
C	West Virginia Hospital Finance Authority	62-1256910	956622US1	09-04-2003	45,750,000	2003 Series D - See Schedule O for description of purpose		X		X
D	West Virginia Hospital Finance Authority	62-1256910	956622YG3	08-29-2008	27,115,000	2008 Series D - See Schedule O for description of purpose		X		X
E	West Virginia Hospital Finance Authority	62-1256910	956622YG3	09-18-2008	34,350,881	2008 Series E - See Schedule O for description of purpose		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	23,951,029	26,260,771	45,750,000	27,115,000	34,350,881
2	Gross proceeds in reserve funds	3,453,965				3,453,965
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	3,471,508	3,806,286	2,279,481	2,113,459	1,781,646
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	55,098,933	60,412,457	43,497,876	42,538,651	29,134,147
8	Year of substantial completion	1988	1988	2006	2008	2008

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X	X	

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X	X			X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 001 %		0 001 %		0 010 %		0 001 %		0 150 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 001 %		0 001 %		0 001 %		0 %		0 001 %
6	Total of lines 4 and 5		0 002 %		0 002 %		0 011 %		0 001 %		0 151 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		X		X

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X			X	X			X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X	X			X
b	Name of provider	UBS		UBS							
c	Term of hedge	0000000030	000000000000	0000000030	000000000000			0000000030	000000000000		
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	West Virginia Hospital Finance Authority	62-1256910	956622YW8	02-26-2009	45,590,000	2009 Series A - See Schedule O for description of purpose		X		X
B	West Virginia Hospital Finance Authority	62-1256910	956622YX6	02-26-2009	22,385,000	2009 Series B - See Schedule O for description of purpose		X		X
C	West Virginia Hospital Finance Authority	62-1256910	956622D27	12-17-2009	31,894,128	2009 Series C - See Schedule O for description of purpose		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	45,590,000	22,385,000	31,894,128		
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	17,219,441	17,219,441	31,368,109		
5	Issuance costs from proceeds	2,871,546	459,820	663,475		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	43,940,597	4,764,296			
8	Year of substantial completion	2006				

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X			X				

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X					
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 001 %		0 001 %		0 001 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %				
6	Total of lines 4 and 5		0 001 %		0 001 %		0 001 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X				

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X		X				
b	Name of provider	UBS									
c	Term of hedge	0000000030 000000000000									
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Medical equipment)	X	11	173,261	Cost
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

Identifier	Return Reference	Explanation
Form 990 III	4d	In addition to the programs referenced in Part III of the Form 990, WVUH also maintains a Level I Trauma Center, a Stroke Center certified as a Primary Stroke Center by the Joint Commission on Accreditation of Healthcare Organizations, and a Cancer Center which has been recognized by the American College of Surgeons Commission on Cancer as one of the best in the nation as a result of a November 2003 survey WVUH also provides an Emergency Department which operates 24 hours per day, 7 days per week WVUH offers emergency medical care to those in need regardless of their ability to pay Beyond patient care WVUH also operates an extensive research program, a teaching program, a Family House for the families of long term patients, and a variety of community outreach programs
Form 990 VI	3	WVUH has contracted to an unrelated company the oversight duties of quality control, medical information, and medical staff affairs The employees assigned to these duties by the unrelated company are Kevin Halbritter, Niti Armistead, and Michelle Nuss All three are licensed Doctors and have the proper training and skills to perform these duties These positions as well as the associated costs are Board approved
Form 990 VI	11A	The Form 990 is prepared by the accounting department and then reviewed by the accounting manager Upon approval, it is then reviewed by the non-profit tax manager of our independent auditing firm Once all review notes are cleared, it is presented to the CFO Once approved at that level, It is then reviewed by the Audit Committee after being approved by the audit committe it is sent to all Board members for comments before being signed and submitted to the IRS
Form 990 VI	12C	Annually, all Board Members, Vice Presidents, officers, and managers are required to disclose any relationships which may give rise to a conflict of interest The responses are then input into spreadsheet format and given to the audit committee which is responsible for the ongoing monitoring of these responses
Form 990 VI	15B	The compensation of all executives is determined based upon a salary and benefit survey prepared by an independent company using data of comparable facilities This data is then interpreted and provided to an independent compensation committee The independent compensation committee then uses this data to determine a fair and reasonable compensation package All relevant data as well as minutes from each meeting are retained
Form 990 VI	19	The WV Healthcare Authority publishes the annual financial statements of WVUH in the local newspapers All other financial and governing documents are available upon request at the WVUH business office during normal business hours
Form 990 XI	2c	The consolidated financial statements are audited at the System level Even though the audit is performed at the System level, each hospitals audit/finance committee members participate in the annual audit planning with the independent auditors In addition, the individual hospital audit/finance members have special meetings to review the audit report, SAS 114, SAS 115, and the Constructive Service Letter CSL with the auditors The SAS 115 and CSL are detailed by hospitals where deficiencies are identified The audit work itself is conducted at each seperate facility This process is consistent with the prior year process
Form 990 V	3b	The form 990-T has been extended until November 15 and will be filed by the extended deadline

Identifier	Return Reference	Explanation
Schedule R V	2	The amounts reported in column C are cash payments to or receipts from the related party

Schedule K I West Virginia University Hospitals, Inc , EIN 55-0643304 WVUH, City Hospital, Inc , EIN 55-0383321 City Hospital, The Charles Town General Hospital d/b/a Jefferson Memorial Hospital, EIN 55-0359755 Jefferson Memorial Hospital, City Hospital Foundation, Inc , EIN 55-311118075 City Hospital Foundation, and United Hospital Center, Inc, EIN 55-0525724 United Hospital Center are members of the West Virginia United Health System Obligated Group and have issued tax-exempt bonds under West Virginia United Health System However, these bond issuances were in turn reallocated by West Virginia United Health System to its system subsidiaries For purposes of reporting bond issuance allocations on Schedule K to the Internal Revenue Service, WVUH, as parent company to City Hospital, Jefferson Memorial Hospital and City Hospital Foundation, is reporting bond issuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return Schedule K I United Hospital Center is reporting bond allocations issued to it on the return filed by such taxpayer Several bond issuances were issued in series and each series is reported in this tax return separately For each series identified in Schedule K, Part I, the taxpayer will reconcile the series amount reported in this tax return and the tax return filed by United Hospital Center to the applicable 8038 filed with the IRS for each bond issuance Each bond series is reported on the appropriate Form 990, Schedule K, only once in this matter Schedule K I A, B, C Column e - The 2003 Series A Bonds issue price - 23,951,029, 2003 Series B Bonds issue price - 26,260,771, 2003 Series C Bonds issue price - 44,650,000 and 2003 Series D Bonds issue price - 45,750,000 were issued as one issuance with four series totaling 140,611,800 total issue price for all four reported on Form 8038 filed for September 4, 2003 issuance, CUSIP number 956622US1 The 2003 Series A Bonds are reported on Schedule K, Part I, Line A of this tax return The 2003 Series B Bonds are reported on Schedule K, Part I, Line B of this tax return The 2003 Series C Bonds were refunded on February 26, 2009 by the 2009 Series A Bonds, which are reported Schedule K 2nd Schedule K, Part I, Line A of this tax return The 2003 Series D Bonds are reported on Schedule K, Part I, Line C of this tax return Schedule K I D Column e - The 2008 Series D Bonds issue price - 27,115,000, CUSIP number 956622YG3 were issued collectively with 2008 Series A Bonds issue price - 46,420,000, CUSIP number 956622YE8, 2008 Series B Bonds issue price - 46,765,000, CUSIP number 956622YD0 and 2008 Series C Bonds issue price - 60,725,000, CUSIP number 956622YF5 totaling 181,025,000 total issue price for all four reported on Form 8038 for August 29, 2008 issuance 2008 Series A Bonds and 2008 Series B Bonds were allocated to United Health Center and will be reported on United Hospital Centers Schedule K 2008 Series C Bonds were refunded on December 19, 2009 by the 2009 Series C Bonds, which are reported Schedule K 2nd Schedule K, Part I, Line C, column e of this tax return Schedule K I E Column e - Issue price for the 2008 Series E Bonds was 34,350,881, CUSIP number 956622YR9 consistent with total issue price reported on Form 8038 for September 17, 2008 issuance Schedule K I AB Column e 2nd Schedule K - 2009 Series A issue price - 45,590,000, CUSIP 956622YW8 and 2009 Series B issue price - 22,385,000, CUSIP 956622YX6 were issued as one issuance with two series totaling 67,975,000 total issue price for both reported on Form 8038 for February 26, 2009 issuance The 2009 Series A Bonds are reported on Schedule K 2nd Schedule K, Part I, Line A of this tax return The 2009 Series B Bonds are reported on Schedule K 2nd Schedule K, Part I, Line B of this tax return Schedule K I C Column e - The 2009 C Series Bonds were issued as one series but were allocated within the Obligated Group to WVUH and City Hospital issue price - 31,894,128 and United Hospital Center issue price - 69,402,501 The total issue price for the 2009 Series C Bonds was 101,296,629 consistent with total issue price reported on Form 8038 for December 17, 2009 issuance, CUSIP 956622D27 The consolidated portion of the 2009 Series C Bonds allocated to WVUH is reported on Schedule K 2nd Schedule, Part I, Line C of this return The United Hospital Center allocated portion of the 2009 Series C Bonds is reported on the tax return filed by such taxpayer

Identifier	Return Reference	Explanation
Schedule K I	AB	Column f - The purpose of the 2003 Series A Bonds and the 2003 Series B Bonds was to refund a portion of the 1993 Series Bonds, issued on August 1, 1993 The 1993 Bonds were issued to refund the 1986 Bond Series, issued on October 1, 1986 Proceeds from the 1986 Bond Series were used to a refund the 1985 Bonds, issued on May 14, 1985, and b fund additional construction of hospital facilities owned by WVUH The proceeds of the 1985 Bonds were used to fund construction of hospital facilities owned by WVUH

Schedule K I C Column f - The purpose of the 2003 Series D Bonds, together with the 2003 Series C Bonds, was to fund renovation and equipping of capital projects within the hospital facilities owned by WVUH Schedule K I D The purpose of the 2008 Series D Bonds were used to refund the 2005 Series B Bonds, issued on January 27, 2005 The 2005 Series B Bonds were used to a refund i the 2003 Bonds of Jefferson Memorial Hospital issued February 25, 2003, ii the 2002 C-1 Bonds of City Hospital issued January 1, 2002, iii the 1992 Bonds of City Hospital issued September 1, 1992, and iv existing loans issued in favor of City Hospital and City Hospital Foundation on May 6, 2004 and b finance hospital facilities of the Obligated Group The purpose of the 2003 Jefferson Memorial Hospital Bonds was to refinance existing indebtedness of Jefferson Memorial Hospital, which was used to fund capital expenditures of Jefferson Memorial Hospital, and equip, expand and improve hospital facilities of Jefferson Memorial Hospital Schedule K I D The purpose of the 2002 C-1 Bonds was to fund capital expenditures for City Hospital The purpose of the 1992 City Hospital Bonds was to A refund the 1979 City Hospital Bonds and B fund construction and renovations of hospital facilities owned by City Hospital and City Hospital Foundation Proceeds of the existing loans were used to fund construction and renovations of hospital facilities owned by City Hospital and City Hospital Foundation Schedule K I E Column f - The purpose of the 2008 Series E Bonds was to refund the 2005 Series A Bonds, issued on January 27, 2005 The purpose of the 2005 Series A Bonds was to construct hospital facilities owned by WVUH and fund other capital expenditures for hospital facilities owned by WVUH Schedule K I A Column f 2nd Schedule K - The purpose of the 2009 Series A Bonds was to refund the 2003 Series C Bonds, issued on September 4, 2003 The purpose of the 2003 Series C Bonds was to a refund the 2002 Series B-1 Bonds issued on September 1, 2002 and b fund capital expenditures for hospital facilities owned by WVUH The purpose of the 2002 Series B-1 Bonds was to i refund a portion of the 2000 Series A Bonds and ii fund capital expenditures for hospital facilities owned by WVUH Schedule K I B Column f 2nd Schedule K - The purpose of the 2009 Series B Bonds was to fund capital renovations and improvements for hospital facilities owned by City Hospital and Jefferson Memorial Hospital Schedule K I C Column f 2nd Schedule K -The purpose of the 2009 Series C Bonds was to a refund 2008 Series C Bonds and b fund capital renovations and improvements for hospital facilities owned by City Hospital and WVUH The portion of the 2009 C Bonds used to refund the 2008 Series C Bonds was allocated to United Health Center and is reported on the tax return of such taxpayer

Identifier	Return Reference	Explanation
Schedule K II	5	Column A - Total costs of issuance equal to 3,471,508 consists of cumulative costs of issuance equal to 1,882,231 and cumulative credit enhancement, in the form of bond insurance, equal to 1,589,277 Cumulative amounts include issuance costs related to 2003 Series A Bonds and each underlying series refunded by the 2003 Series A Bonds Bond issuance costs reported on Form 8038 for the September 4, 2003 issuance equal 961,817, of which a 178,527 was allocated to 2003 Series A Bonds, b 195,743 was allocated to 2003 Series B Bonds, c 290,199 was allocated to 2003 Series C Bonds and d 297,348 was allocated to 2003 Series D Bonds Credit enhancement costs reported on Form 8038 for the September 4, 2003 issuance equal 4,681,150, of which a 533,198 was allocated to 2003 Series A Bonds, b 584,618 was allocated to 2003 Series B Bonds, c 1,581,201 was allocated to 2003 Series C Bonds and d 1,982,133 was allocated to 2003 Series D Bonds

Schedule K II 5 Column B - Total costs of issuance equal to 3,806,286 consists of cumulative costs of issuance equal to 2,063,746 and cumulative credit enhancement, in the form of bond insurance, equal to 1,742,540 Cumulative amounts include issuance costs related to 2003 Series B Bonds and each underlying series refunded by the 2003 Series B Bonds Bond issuance costs reported on Form 8038 for the September 4, 2003 issuance equal 961,817, of which a 178,527 was allocated to 2003 Series A Bonds, b 195,743 was allocated to 2003 Series B Bonds, c 290,199 was allocated to 2003 Series C Bonds and d 297,348 was allocated to 2003 Series D Bonds Credit enhancement costs reported on Form 8038 for the September 4, 2003 issuance equal 4,681,150, of which a 533,198 was allocated to 2003 Series A Bonds, b 584,618 was allocated to 2003 Series B Bonds, c 1,581,201 was allocated to 2003 Series C Bonds and d 1,982,133 was allocated to 2003 Series D Bonds Schedule K II 5 Column C - Total costs of issuance equal to 2,279,481 consists of costs of issuance equal to 297,348 and credit enhancement, in the form of bond insurance, equal to 1,982,133 related to the 2003 Series D Bonds Bond issuance costs reported on Form 8038 for the September 4, 2003 issuance equal 961,817, of which a 178,527 was allocated to 2003 Series A Bonds, b 195,743 was allocated to 2003 Series B Bonds, c 290,199 was allocated to 2003 Series C Bonds, and d 297,348 was allocated to 2003 Series D Bonds Credit enhancement costs reported on Form 8038 for the September 4, 2003 issuance equal 4,681,150, of which a 533,198 was allocated to 2003 Series A Bonds, b 584,618 was allocated to 2003 Series B Bonds, c 1,581,201 was allocated to 2003 Series C Bonds and d 1,982,133 was allocated to 2003 Series D Bonds Schedule K II 5 Column D - Total costs of issuance equal to 2,113,459 consists of cumulative costs of issuance equal to 1,038,438, cumulative credit enhancement, in the form of bond insurance, equal to 1,047,594 and cumulative credit enhancement, in the form of letter of credit fees, equal to 27,427 Cumulative amounts include issuance costs related to the 2008 Series D Bonds and each underlying series refunded by the 2008 Series D Bonds Bond issuance costs reported on Form 8038 for the August 29, 2008 issuance equal 1,040,256, of which a 535,000 was allocated to the 2008 Series A Bonds and the 2008 Series B Bonds, which are reported by United Hospital Center, b 350,000 was allocated to 2003 Series C Bonds, which were refunded by the 2009 Series C Bonds and c 155,265 was allocated to 2008 Series D Bonds Credit enhancement costs reported on Form 8038 for the August 29, 2008 issuance equals 27,427, all of which was allocated to 2008 Series D Bonds, consistent with the amount identified above Schedule K II 5 Column E - Total costs of issuance equal 1,781,646 consists of cumulative costs of issuance equal to 696,733 and cumulative credit enhancement, in the form of bond insurance, equal to 1,084,913 Cumulative amounts include issuance costs related to the 2008 Series E Bonds 390,793, as reported on Form 8038 for the September 17, 2008 issuance and each underlying series refunded by the 2008 Series E Bonds Schedule K II 5 Column A 2nd Schedule K - The total costs of issuance amount reported on Schedule K equals 2,871,546 and consists of cumulative costs of issuance equal to 2,428,654 and cumulative credit enhancement, in the form of letter of credit fees, equal to 442,892 Cumulative amounts include issuance costs related to the 2009 Series A Bonds and each underlying series refunded by the 2009 Series A Bonds Bond issuance costs reported on Form 8038 for the February 26, 2009 issuance equal 738,882, of which a 496,524 was allocated to 2009 Series A Bonds and b 242,358 was allocated to 2009 Series B Bonds Credit enhancement costs reported on Form 8038 for the February 26, 2009 issuance equal 660,355, of which a 442,892 was allocated to 2009 Series A Bonds and b 217,463 was allocated to 2009 Series B Bonds Schedule K II 5 Column B 2nd Schedule K - The total costs of issuance amount reported on Schedule K equals 459,820 and consists of cumulative costs of issuance equal to 242,357 and cumulative credit enhancement, in the form of letter of credit fees, equal to 217,463 Bond issuance costs reported on Form 8038 for the February 26, 2009 issuance equal 738,882, of which a 496,524 was allocated to 2009 Series A Bonds and b 242,358 was allocated to 2009 Series B Bonds Credit enhancement costs reported on Form 8038 for the February 26, 2009 issuance equal 660,355, of which a 442,892 was allocated to 2009 Series A Bonds and b 217,463 was allocated to 2009 Series B Bonds Schedule K II 5 Column C 2nd Schedule K - Bond issuance costs reported on Form 8038 for the December 17, 2009 issuance equal 1,237,133, of which a 663,475 was allocated to WVUH for the 2009 Series C Bonds and b 573,658 was allocated to United Hospital Center and is reported on the tax return of such taxpayer

Identifier	Return Reference	Explanation
Schedule K II	7	Column A - The total capital expenditures of 55,098,933 reported on Line 7 consists of proceeds from the issuance of the 1985 Bonds and the 1986 Bonds to acquire, construct and equip hospital facilities owned by WVUH The underlying capital expenditures for those issuances allocated to the 2003 Series A Bonds were 43,505,448 and 11,593,485, respectively The difference between the total issue price reported on line 7, for the 2003 A Bonds of 23,951,029 varies from the sum of Lines 2 through 7 by 34,619,412 This variance is due to the reporting of cumulative costs of issuance for all refunded issuances and principal payments made on the refunded issuances to reduce the outstanding principal amount prior to the refunding

Schedule K II 7 Column B - The total capital expenditures of 60,412,457 reported on Line 7 consists of proceeds from the issuance of the 1985 Bonds and the 1986 Bonds to acquire, construct and equip hospital facilities owned by WVUH The underlying capital expenditures for those issuances allocated to the 2003 Series B Bonds were 47,700,942 and 12,711,515, respectively The difference between the total issue price reported on Line 1 for the 2003 B Bonds of 26,260,771 varies from the sum of Lines 2 through 7 by 37,957,972 This variance is due to the reporting of cumulative costs of issuance for all refunded issuances and principal payments made on the refunded issuances to reduce the outstanding principal amount prior to the refunding Schedule K II 7 Column C - The capital expenditures reported Line 5 equal the capital expenditures, together with capitalized interest, made by WVUH at hospital facilities owned by WVUH The difference between the total issue price reported on Line 1 for the 2003 D Bonds of 45,750,000 varies from the sum of Lines 2 through 7 by 27,357 This variance is due to overfunding of the escrow fund at the close of the bonds that was subsequently transferred to the project fund for capital expenditures Schedule K II 7 Column D - The total capital expenditures of 42,538,651 reported on Line 7 consists of proceeds from the issuance of the 2005 Series B Bonds, the 2003 Jefferson Memorial Bonds, the 2002 City Hospital Bonds, the 1992 City Hospital Bonds, two loans from financial institutions to City Hospital and City Hospital Foundation and the 1979 Bonds The underlying capital expenditures for those issuances were 3,965,734, 1,830,961, 4,382,542, 10,235,637, 6,900,000, and 15,223,777, respectively The difference between the total issue price reported on Line 1 for the 2008 D Bonds of 27,115,000 varies from the sum of Lines 2 through 7 by 17,537,110 This variance is due to the reporting of cumulative costs of issuance for refunded issuances and principal payments made on the refunded issuance to reduce the outstanding principal amount prior to the refunding Schedule K II 7 Column E - The difference between the total issue price reported on Line 1 for the 2008 E Bonds of 34,350,881 varies from the total of Lines 2 through 7 by 18,876 This variance consists of investment proceeds from debt service reserve fund equal to 18,876 Schedule K II 7 Column A 2nd Schedule K - The difference between the total issue price reported on Line 1 for the 2009 A Bonds of 45,590,000 varies from the sum of Lines 2 through 7 by 1,222,144 This variance is due to the reporting of cumulative costs of issuance for refunded issuances and principal payments made on the refunded issuances to reduce the outstanding principal amount prior to the refunding Schedule K II 7 Column B 2nd Schedule K - The difference between the total issue price reported on line 1 for the 2009 B Bonds of 22,385,000 varies from the sum of Lines 2 through 7 by 58,558 This variance is due to a the transfer of 53,652 due to overfunding of costs of issuance fund, which was subsequently transferred to the project fund for capital expenditures that had not been expended as of the end of fiscal year 2009 and b 4,906 in investment proceeds received by WVUH in 2009 Schedule K II 7 Column C 2nd Schedule K - The difference between the total issue price reported on Line 1 for the 2009 B Bonds of 31,894,128 varies from the sum of Lines 2 through 7 by 137,455 This variance is due to overfunding of refunding escrow fund, which was subsequently transferred to the project fund for capital expenditures that had not been expended as of the end of fiscal year 2009

Identifier	Return Reference	Explanation
Schedule K II	8	Column B 2nd Schedule K - The 2009 Series B Bonds were issued on February 26, 2009 and the final allocation of the capital expenditures was not substantially complete as of the end of fiscal year 2009

Schedule K II 8 Column C 2nd Schedule K- The 2009 Series C Bonds were issued on December 17, 2009 and the final allocation of the capital expenditures was not substantially complete as of the end of fiscal year 2009 Schedule K III 3c All Columns - Prior to each bond issuance, WVUH, City Hospital, City Hospital Foundation and Jefferson Memorial Hospital engage bond counsel to review management and services contracts, leases and research agreements in anticipation of such bond issuance Schedule K III 4 All Columns - Although the series of bonds are separately reported on Part I and Part II of this Schedule K, private use calculations were completed based on the total amount of the issuance, as reported to the IRS Schedule K III 7 All Columns - While no policy was in place in 2009, management is currently working with bond counsel to implement a post-issuance compliance policy prior the end of fiscal year 2010 Form 990 Part III Program Service Accomplishments Line 4d Other Activities Program Service Expenses 40,842,126, Grants and allocations 0, Revenue 49,987,868 Hematology/Oncology - The Hematology and Oncology Department of WVU Hospitals diagnose and treat all adult malignant disorders and diseases of the blood, including anemia, leukemia, lymphoma, and bleeding problems Our doctors, nurses, and staff offer state-of-the-art care in a personalized and compassionate environment Our services include evaluating and diagnosing cancer and blood disorders, cancer chemotherapy, targeted therapies, and immunotherapy In 2009 Hematology and oncology served 1,164 inpatients and 154 observation patients Form 990 Part III Program Service Accomplishments Line 4d Other Activities Program Service Expenses 33,250,319, Grants and allocations 0, Revenue 40,007,429 Neurosurgery - The WVU Hospitals Department of Neurosurgery provides advanced care to adults and children with disorders of the brain, carotid and vertebral arteries, pituitay gland, spine and spinal cord, cranial and spinal nerves, and autonomic nervous system Expert treatment is given for spinal degenerative disease, herniated discs, spinal stenosis, neoplasm, and trauma Our faculty includes highly skilled surgeons at the forefront of new techniques in skull-based surgery, advanced stroke care, epilepsy surgery, pediatric neurosurgery, neuro-oncology and pain and functional disorders Neurosurgery served 1,229 inpatients and 47 observation patients

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
West Virginia University Hospitals Inc

Employer identification number
55-0643304

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Allied Health Services Inc PO Box 782 Morgantown, WV26507 55-0652017	Medical Lab	WV	N/A	C Corp			
West Virginia United Insurance Services Inc 1000 Technology Drive Suite 2320 Fairmont, WV26554 55-0756055	Provider Network	WV	N/A	C Corp			
Jefferson Health Enterprises Inc 2000 Foundation Way Martinsburg, WV25401 55-0755627	Urgent Care	WV	N/A	C Corp			
WVUH-East Enterprises Inc 2000 Foundation Way Martinsburg, WV25401 55-0653982	Medical Equip	WV	N/A	C Corp			

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Allied Health Services Inc	j	159,397
(2)	Allied Health Services Inc	k	1,341,337
(3)	Allied Health Services Inc	l	510,936
(4)	Allied Health Services	i	8,888
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID: 09000123
Software Version: 2009.0.12
EIN: 55-0643304
Name: West Virginia University Hospitals Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
West Virginia United Health System 1000 Technology Drive Fairmont, WV 26554 55-0754713	Healthcare access	WV	501c3	11 a	N/A
West Virginia University Hospitals East 2000 Foundation Way Martinsburg, WV 25401 20-2337985	Healthcare access	WV	501c3	11 a	N/A
City Hospital Inc 2000 Foundation Way Martinsburg, WV 25402 55-0383321	Patient Care	WV	501c3	3	N/A
Jefferson Memorial Hospital 2000 Foundation Way Martinsburg, WV 25401 55-0359755	Patient Care	WV	501c3	3	N/A
City Hospital Foundation 2000 Foundation Way Martinsburg, WV 25401 31-1118075	Support City Hospital	WV	501c3	11 a	N/A
Jefferson Healthcare Foundation Inc 2000 Foundation Way Martinsburg, WV 25401 55-0768901	Support Jefferson Hospital	WV	501c3	11 a	N/A
WVUH-East Services Corp 2000 Foundation Way Martinsburg, WV 25401 31-1118076	Hospital Services/Support	WV	501c3	3	N/A
Gateway Healthcare Properties 2000 Foundation Way Martinsburg, WV 25401 55-0660916	Property Management	WV	501c2	N/A	N/A
United Hospital Center Inc PO Box 1680 Clarksburg, WV 26302 55-0525724	Patient Care	WV	501c3	3	N/A
United Physicians Care Inc 686 South Pike Street Shinnston, WV 26431 55-0638563	Patient Care	WV	501c3	3	N/A
United Health Foundation PO Box 1680 Clarksburg, WV 26301 55-0621706	Hospital Support	WV	501c3	11a	N/A
WVU Health Care Cooperative PO Box 8059 Morgantown, WV 26506 55-0650441	Support	WV	501c3	11a	N/A
United Summit Center 6 Hospital Plaza Clarksburg, WV 26301 55-0752788	Behavioral Health	WV	501c3	3	N/A

Additional Data

Software ID:
Software Version:
EIN: 55-0643304
Name: West Virginia University Hospitals Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce McClymonds CEO	52 00	X		X				616,857	0	112,572
Mary Jo Shanan CFO/VP Finance	50 00			X				233,152	0	8,698
Rich King VP Information Technology	50 00			X				156,565	67,099	13,704
Robert Brandfass VP Legal Services	55 00			X				202,899	50,725	33,554
Stephen Tancin VP Ancillary Services	48 00			X				225,750	0	35,842
Gary Murdock VP Planning/Marketing	50 00			X				229,007	0	33,239
Shane Rine Asst VP Support Services	50 00			X				136,760	0	0
Dorothy Oakes VP Nursing Services	49 00			X				230,020	0	20,941
Charlotte Bennett VP Human Resources	47 00			X				198,039	0	31,034
James P Clements PhD Chairman	1 00	X		X				0	0	0
Dan Bazzoli Employee Rep/House Supervisor	42 00	X						87,356	0	18,377
Judy Charlton Director	1 00	X						0	0	0
Sister Joel Christy Vice Chair	1 00	X		X				1,500	0	0
Bruce Sparks Director	1 00	X						1,500	0	0
Tom Heywood Director	1 00	X						0	0	0
Narvel Weese Director	1 00	X						0	0	0
Bill Stone Treasurer	1 00	X		X				0	0	0
J David Laurie Secretary	1 00	X		X				1,500	0	0
Walter Washington Director	1 00	X						0	0	0
Robert Walker MD Director	1 00	X						0	0	0
Jim Brick MD Director	1 00	X				X		0	0	0
Cleo Mathews Director	1 00	X						0	0	0
Tom Clark MD Director	1 00	X						0	0	0
Fred Butcher PhD Director	1 00	X						0	0	0
Georgia Narsavage PhD Director	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Taylor Troischt Physician	50 00					X	257,877	0	17,461
Thomas McNeely Pharmacist	40 00					X	189,108	0	17,539
Christine Vaglienti Associate Litigation Counsel	50 00					X	175,082	0	18,447
Susan Straight Pharmacist	50 00					X	163,463	0	6,939
Lindsay Weglinski Physician	40 00					X	170,229	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Service Revenue	900,099	547,868,614	547,868,614		
HealthNet	621,910	231,751	231,751		
Tuition	900,099	1,031,151	1,031,151		
Perfusion	900,099	211,220	211,220		
Archiving MRI PET Scans	900,099	368,807	368,807		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for Doubtful Accounts	31,600,051	31,600,051		
Association Dues	847,205	100,054	516,463	230,687
Educational Training	546,488	480,130	66,358	
Taxes, Licenses Fees	16,795,362	10,866,804	5,928,558	
Recruiting	246,601	13,669	232,932	