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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
- [x] 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
UNITED HOSPITAL CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
327 Medical Park Drive

City or town, state or country, and ZIP + 4
Bridgeport, WV 26330

D Employer identification number
55-0525724

E Telephone number
(681) 342-1605

G Gross receipts $ 219,031,210

F Name and address of principal officer
Bruce Carter
327 Medical Park Drive
Bridgeport, WV 26330

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www thenewuhc com

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1970

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To enhance the health status of the citizens of North Central West Virginia by providing a broad range of state-of-the-art services for inpatient and outpatient care

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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	2,069
6	Total number of volunteers (estimate if necessary)	6	190
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	300
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,000,754	633,258
9	Program service revenue (Part VIII, line 2g)	190,548,871	201,519,162
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-12,093,257	10,566,645
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,150,358	2,103,815
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,606,726	214,822,880
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	94,976,293	102,211,368
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	111,401,481	82,340,178
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	206,377,774	184,551,546
19	Revenue less expenses Subtract line 18 from line 12	-22,771,048	30,271,334

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	483,610,938	533,031,484
21	Total liabilities (Part X, line 26)	279,997,555	299,547,943
22	Net assets or fund balances Subtract line 21 from line 20	203,613,383	233,483,541

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

▶ Douglas Coffman VP of Finance/CFO
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

To provide health care in North Central West Virginia and to enhance the health status of its citizens by providing a broad range of services and up to date equipment

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 $ 31,607,858 including grants of $ 0) (Revenue $ 0)

United Hospital Center provided $28,301,769 in uncompensated care, which represented 14 05% of the total net patient service revenue Included in the above amount was $13,553,539 of Charity care for individuals that qualified for financial assistance and $18,054,319 in bad debt account balance write offs UHC wrote off 1,769 accounts to charity and 6,106 accounts to bad debt related to patients that had Medicare coverage

4b (Code) (Expenses $ 3,264,844 including grants of $ 0) (Revenue $ 1,644,015)

As a part of United Hospital Center's commitment to ensuring access to primary care, a Family Medicine Residency Program was established in 1974 The program is one of six available in West Virginia and accounted for approximately 20% of all graduates in these programs The three-year program offers six residency positions each year and has graduated 194 residents to date, of whom approximately 104 currently practice in West Virginia Patient visits to the UHC Family Medicine Clinic were 16,548 in 2009

4c (Code) (Expenses $ 2,499,927 including grants of $ 0) (Revenue $ 0)

United Hospital Center supports Health Access, a free healthcare clinic that it helped to organize The clinic serves indigent members of the community United Hospital Center provided free healthcare services and served 3,025 patients supported by Health Access Family Medicine physicians volunteer their services after hours to the Health Access Clinic to improve access to health care services for Harrison County citizens who can't afford to have health insurance coverage

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 139,131,221 including grants of $ 0) (Revenue $ 212,545,307)

4e **Total program service expenses** ▶ $ 176,503,850

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**		No
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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	107		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,069		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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			
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			
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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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	20		
b	Enter the number of voting members that are independent	1b	20		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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 ▶

Douglas M Coffman VP Finance
327 Medical Park Drive
Bridgeport, WV 26330
(681) 342-1605

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 . . . . . ▶	4,820,779	0	467,223

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 ▶ 77

			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
Midwest Mechanical Contractors 138 Wyandotte St Kansas City, MO 64145	Construction	15,262,490
WG Tomko Inc 2559 Rt 88 Finleyville, PA 15332	Construction	10,355,809
Easley & Rivers 3800 Morgantown Industrial Park Morgantown, WV 26501	Construction	12,408,560
Lighthouse Electric 1957 Route 519 South Canonsburg, PA 15317	Construction	13,201,108
Mosites Construction Co 4839 Cambells Run Road Pittsburgh, PA 15202	Construction	9,252,359
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 ▶ 32		

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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 219,014				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 414,244				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		633,258			
Program Service Revenue			Business Code				
	2a	Patient Services	621,500	100,904,883	100,904,883	0	0
	b	Medicare Medicaid services	621,500	100,554,235	100,554,235	0	0
	c	Purchase discounts	621,500	60,044	60,044	0	0
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		201,519,162			
	3	Investment income (including dividends, interest and other similar amounts)		13,305,652	13,305,652	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,244,806 / 0				
	b	Less rental expenses	1,336,922 / 0				
	c	Rental income or (loss)	-92,116 / 0				
	d	Net rental income or (loss)		-92,116	-92,116	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 132,401				
	b	Less cost or other basis and sales expenses	0 / 2,871,408				
	c	Gain or (loss)	0 / -2,739,007				
	d	Net gain or (loss)		-2,739,007	-2,739,007	0	0
Other Revenue	8a	Gross income from fundraising events (not including $ 0 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 131,376				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		131,376	131,376	0	0
		Miscellaneous Revenue	Business Code				
	11a	Laboratory for Physicians offices	621,500	300	0	300	0
	b	Employee Visitor cafeteria	900,099	1,429,167	1,429,167	0	0
	c	Tuition Radiology School	900,099	71,750	71,750	0	0
	d	All other revenue		563,338	563,338	0	0
	e	**Total.** Add lines 11a–11d		2,064,555			
	12	**Total revenue.** See Instructions		214,822,880	214,189,322	300	0

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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,046,346	0	2,046,346	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	75,428,973	71,218,105	4,210,868	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,918,338	2,646,103	272,235	0
9	Other employee benefits	16,564,960	15,513,035	1,051,925	0
10	Payroll taxes	5,252,751	4,828,518	424,233	0
11	Fees for services (non-employees)				
a	Management	904,150	904,150	0	0
b	Legal	96,092	96,092	0	0
c	Accounting	79,949	79,949	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	0	0	0	0
g	Other	9,395,615	9,395,615	0	0
12	Advertising and promotion	394,254	394,254	0	0
13	Office expenses	40,638,553	40,638,553	0	0
14	Information technology	2,504,973	2,474,946	30,027	0
15	Royalties	0	0	0	0
16	Occupancy	2,528,304	2,528,304	0	0
17	Travel	396,448	386,871	9,577	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	99,814	97,329	2,485	0
20	Interest	7	7	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	13,022,538	13,022,538	0	0
23	Insurance	1,325,074	1,325,074	0	0
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	Repairs and maintenance	1,971,542	1,971,542	0	0
b	License and taxes	5,388,546	5,388,546	0	0
c	Bad debt	18,054,319	18,054,319	0	0
d	Loss Gain SWAP Valuation	-14,460,000	-14,460,000	0	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	184,551,546	176,503,850	8,047,696	0
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		786,393	1	8,306,766
	2	Savings and temporary cash investments		14,251,577	2	10,087,097
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		26,237,495	4	25,744,726
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,445,913	8	2,786,103
	9	Prepaid expenses and deferred charges		1,553,587	9	2,586,687
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 394,427,077			
	b	Less accumulated depreciation	10b 145,514,371	145,390,832	10c	248,912,706
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,809,675	14	2,149,244
	15	Other assets See Part IV, line 11		291,135,466	15	232,458,155
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		483,610,938	16	533,031,484
Liabilities	17	Accounts payable and accrued expenses		12,082,837	17	12,710,162
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		232,520,000	20	241,051,588
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	23,214,286
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		35,394,718	25	22,571,907
	26	**Total liabilities.** Add lines 17 through 25		279,997,555	26	299,547,943
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		195,439,942	27	225,310,100
	28	Temporarily restricted net assets		8,173,441	28	8,173,441
	29	Permanently restricted net assets		0	29	0
		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		203,613,383	33	233,483,541
	34	Total liabilities and net assets/fund balances		483,610,938	34	533,031,484

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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

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**

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
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
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
UNITED HOSPITAL CENTER INC	55-0525724

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		18,463
j	Total lines 1c through 1i			18,463
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
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	UHC is a member of the West Virginia Hospital Association WVHA and the American Hospital Association AHA A portion of the dues paid to be a member of WVHA and AHA is used by WVHA and AHA to influence legislation and direct contact with legislators and government officials and their staffs

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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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

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	0	5,574,467		5,574,467
b Buildings	0	57,223,898	52,218,985	5,004,913
c Leasehold improvements	0	89,532	9,895	79,637
d Equipment	0	115,970,306	93,285,491	22,684,815
e Other	0	215,568,874	0	215,568,874
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				248,912,706

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		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
Other Current receivables not patients	1,112,844
Bond Principal current	2,000
Self insurance current	3,633,725
Accrued interest limited use	25,000
Bond Fund Board designated	58,246,494
Funded depreciation long term board designated	146,826,527
Self insurance fund Board designated	9,540,358
Other investments	577,427
Other non current assets	12,187,259
Deferred compensation Annuity	306,521
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	232,458,155

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Estimated malpractice costs	3,297,133
Deferred compensation annuity	306,521
Deferred taxes	1,868,499
Self Insurance Liability	6,294,754
Market adjustment debt instrument	10,805,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	22,571,907

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	214,822,880
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	184,551,546
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,271,334
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,271,334

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	218,597,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	2,437,948		
e	Add lines **2a** through **2d**			2e	2,437,948
3	Subtract line **2e** from line **1**			3	216,159,802
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	0		
b	Other (Describe in Part XIV)	4b	-1,336,922		
c	Add lines **4a** and **4b**			4c	-1,336,922
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	214,822,880

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

1	Total expenses and losses per audited financial statements			1	188,326,416
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	2,437,948		
e	Add lines **2a** through **2d**			2e	2,437,948
3	Subtract line **2e** from line **1**			3	185,888,468
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	0		
b	Other (Describe in Part XIV)	4b	-1,336,922		
c	Add lines **4a** and **4b**			4c	-1,336,922
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	184,551,546

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
SchD_P02_S00_L02d	Schedule D, Part II, Line 2d	Loss on sale of assets and impairment of long term notes recievable
SchD_P02_S00_L04	Schedule D, Part II, Line 4	Real estate rental included in Part VIII line 6B
SchD_P03_S00_L02	Schedule D, Part III, Line 2	Loss on sale of assets and impairment of long term notes receivable
SchD_P10_S00_L00	Schedule D, Part X	The System accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold is met Management determined there were no tax uncertainties that met the recognition threshold in 2009 and 2008 The System's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Loss on sale of assets and impairment of long term note receivable
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Real estate rental included in Part VIII Line 6B
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Loss on sale of assets and impairment of long term note receivable
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Real estate rental included in Part VIII Line 6B

Additional Data

Software ID:
Software Version:
EIN: 55-0525724
Name: UNITED HOSPITAL CENTER INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Other Current receivables not patients	1,112,844
Bond Principal current	2,000
Self insurance current	3,633,725
Accrued interest limited use	25,000
Bond Fund Board designated	58,246,494
Funded depreciation long term board designated	146,826,527
Self insurance fund Board designated	9,540,358
Other investments	577,427
Other non current assets	12,187,259
Deferred compensation Annuity	306,521

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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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

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)	0	1,769	5,399,253	0	5,397,253	2 92 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	0	62,853	11,328,888	0	11,328,888	6 14 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs	0	64,622	16,728,141	0	16,726,141	9 06 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	19	4,138	339,898	46,575	293,323	0 16 %
f Health professions education (from Worksheet 5)	4	17,327	3,515,211	1,716,558	1,798,653	0 98 %
g Subsidized health services (from Worksheet 6)	1	195	874	0	874	0 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	787	15,570	0	15,570	0 01 %
j **Total** Other Benefits	28	22,447	3,871,553	1,763,133	2,108,420	1 15 %
k **Total.** Add lines 7d and 7j	28	87,069	20,599,694	1,763,133	18,834,561	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	0	0	0	0	0	0 %
2	Economic development	1	25	2,004	0	2,004	0 %
3	Community support	1	75	294	0	294	0 %
4	Environmental improvements	0	0	0	0	0	0 %
5	Leadership development and training for community members	1	15	793	0	793	0 %
6	Coalition building	0	0	0	0	0	0 %
7	Community health improvement advocacy	2	3,025	2,501,685	0	2,501,685	0 014 %
8	Workforce development	0	0	0	0	0	0 %
9	Other	0	0	0	0	0	0 %
10	**Total**	5	3,140	2,504,776	0	2,504,776	0 014 %

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	6,956,717		
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	0		
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	78,704,765
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,615,667
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-2,910,902
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	Yes	

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)
United Hospital Center Inc 327 Medical Park Drive Bridgeport, WV 26330	X	X		X			X		

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

UHC does maintain a formal Financial Assistance/Charity Care policy The policy is distributed to all patients upon registration to the hospital Charity care is provided to those patients where the household income (defined as income for the patient and any related guarantor as listed on the most recent Federal Tax Return) is at 200% or below federal poverty guidelines as published annually by the Community Service Administration in the Federal Register and where there are not substantial cash convertible assets or disposable income Charity is predicated on the patient seeking Medicaid eligibility and fully cooperating with hospital staff (provide bank statements, proof of income, etc) Medicaid eligibility may be reevaluated each month or in connection with new services provided during the approved charity period (6 months) If a patient qualifies for Charity care assistance, 100% of the billable charges are eliminated

Community benefit reports are given upon request In addition, the hospital produces periodic newsletters that summarize community benefits resulting from hospital services

See above

Percent of Total Expense is calculated using the Net Community Benefit Expense (column (e)) and dividing that total by Total Expenses per Part I, Line 18 of the Form 990

Accounts receivable, patients are reported at net realizable value Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts The allowance for doubtful collections is estimated based upon a periodic review of the accounts receivable aging, payor classifications, and application of historical write-off percentages

The amount reported in Part III Line 6 as a Medicare payment shortfall of $2,910,902 was calculated using the total Medicare allowable cost from the Medicare cost report, less total Medicare payments, including IME, GME, DSH, and cost report adjustments UHC's shortfall 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 these patients

UHC does maintain a formal Financial Assistance/Charity Care policy The policy is distributed to all patients upon registration to the hospital Charity care is provided to those patients where the household income (defined as income for the patient and any related guarantor as listed on the most recent Federal Tax Return) is at 200% or below federal poverty guidelines as published annually by the Community Service Administration in the Federal Register and where there are not substantial cash convertible assets or disposable income Charity is predicated on the patient seeking Medicaid eligibility and fully cooperating with hospital staff (provide bank statements, proof of income, etc) Medicaid eligibility may be reevaluated each month or in connection with new services provided during the approved charity period (6 months) If a patient qualifies for Charity care assistance, 100% of the billable charges are eliminated

Family Medicine Clinic and United Transitional Care Center

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

As a sole community provider and a rural referral center, United Hospital Center (UHC) is vital provider of health care services to its community We also have the responsibility to properly assess the community health and its needs UHC Staff members collaborate with other area health care providers, various service agencies, and local and state government agencies to address community health concerns UHC utilizes various resources to determine community needs including outside consultants, collaboration with various departments, factors including physician to population ratios (from the American Medical Association and the U S Census Bureau), physician availability 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) UHC performs an annual review of its service menu and its physician recruiting plan

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

Financial Assistance signs are posted in all admission areas as well as ER and Family Medicine In addition, registration gives all self-pay patients a charity application when admitted, there is a "Notice of Availability of Financial Assistance" on the statements that are mailed to the patients Collectors and patient representatives let the patients know about financial assistance available when calling In addition, UHC utilizes a third party that attempts to meet with uninsured patients to determine whether such patient qualifies for Medicaid and/or other forms of assistance under federal, state, or local government programs

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

UHC defines its primary service area as Harrison and Doddridge Counties (West Virginia) The primary service area is comprised of approximately 75,000 people UHC's secondary service area includes Lewis, Upshur, Taylor, Gilmer, Braxton, Webster, Marion and Barbour Counties There are approximately 150,000 people in the secondary service area Located in mostly rural West Virginia, over 15% of the residents located in the UHC service area fall below the Federal Poverty Guidelines Over 50% of the patients treated by UHC are Medicare eligible and over 15% of the patients treated are eligible for Medicaid assistance

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

UHC supports Health Access, a free healthcare clinic that it helped organize The clinic serves indigent members of the community UHC provided free healthcare worth more than $2 4 million to the clinic and its patients Many hospital associates and medical staff, including residents, volunteer their time at the clinic In addition, UHC conducts diabetes support groups and education for adults and youth UHC staff interacts with several community organizations by donating time to serve as educators and community or board members UHC Respiratory care, pharmacy, and nursing departments along with American Lung Association co-sponsor an annual statewide asthma camp for children ages 8 - 13 to promote the development of self management skills Family Medicine residents teach sex education classes for area schools as well as performing physical exams for student athletes Family Medicine residents also conduct our local Shriner orthopedic screening clinic and also conduct weekly obstetric clinics at the Harrison and Doddridge county health departments UHC also provides administrative facilities for American Cancer Society and provides classrooms for groups such as American Red Cross to hold blood drives See Part III of Form 990 for further description of community building programs that UHC participates in, funds, and/or supports

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)

UHC 's board of directors is a community board, comprised of 20 members living in the UHC primary service area Our medical staff is a open medical staff comprised of primarily of private groups and physicians As physician recruiting has become more difficult in rural areas, UHC has also been forced to employ a number of physician specialist as well as partner with the West Virginia University School of Medicine and its faculty plan to provide other necessary physician services

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

UHC is a member of the WV United Health System (the System) The strategic plan of the System states intent to build a regional health care delivery system in its services area, while offering a variety of options for providers who want to participate The System maintains a demonstrated commitment 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 System's services areas Other hospitals in the System include West Virginia University Hospitals, a university medical center and the largest hospital of the System, WVUH plays a significant role in improving the general health care of the community Other member hospitals of the system include City Hospital 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 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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

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**		
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**		
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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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 Carter	(i)	548,132	0	12,638	97,373	1,249	659,392	654,485
	(ii)	0	0	0	0	0	0	0
Michael Tillman	(i)	242,353	0	12,034	42,149	2,853	299,389	300,510
	(ii)	0	0	0	0	0	0	0
Geoffrey Marshall	(i)	161,638	0	1,853	35,968	1,943	201,402	200,277
	(ii)	0	0	0	0	0	0	0
Timothy Allen	(i)	159,488	0	9,995	36,812	3,633	209,928	211,357
	(ii)	0	0	0	0	0	0	0
Douglas M Coffman	(i)	235,046	0	15,601	31,985	741	283,373	281,808
	(ii)	0	0	0	0	0	0	0
Brian Cottrill	(i)	136,243	0	8,483	31,125	1,943	177,794	0
	(ii)	0	0	0	0	0	0	0
Mark Povrosnik	(i)	176,309	0	17,689	33,878	2,749	230,625	193,592
	(ii)	0	0	0	0	0	0	0
Jeff Bolyard	(i)	150,677	0	14,853	29,752	1,943	197,225	183,792
	(ii)	0	0	0	0	0	0	0
David Bailey	(i)	120,969	0	22,345	10,061	741	154,116	0
	(ii)	0	0	0	0	0	0	0
Vincent Miele M D	(i)	684,223	0	23,323	16,103	6,883	730,532	0
	(ii)	0	0	0	0	0	0	0
Richard W King MD	(i)	593,267	0	5,190	21,211	1,943	621,611	548,262
	(ii)	0	0	0	0	0	0	0
William Doukas MD	(i)	548,533	0	880	22,855	251	572,519	549,645
	(ii)	0	0	0	0	0	0	0
Richard A Douglas MD	(i)	497,617	0	1,685	21,332	1,943	522,577	522,382
	(ii)	0	0	0	0	0	0	0
James Kessel MD	(i)	420,113	0	0	7,406	0	427,519	403,774
	(ii)	0	0	0	0	0	0	0

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
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	There are some officers and key employees of the hospital that are eligible for annual incentive bonus compensation if they meet goals and achievements that are set at the beginning of each year and are approved by the board of directors The annual incentive bonuses are only paid after the goals/achievements are assessed and only if the hospital achieves at least 80% of its budget operating margin If the hospital has a negative operating margin, then annual incentive bonuses will not be paid

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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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	West Virginia Hospital Finance Authority	62-1256910	956622XA7	06-08-2006	80,036,762	See Schedule O		X		X
B	West Virginia Hospital Finance Authority	62-1256910	956622YE8	08-26-2008	46,420,000	See Schedule O		X		X
C	West Virginia Hospital Finance Authority	62-1256910	956622YD0	08-29-2008	46,765,000	See Schedule O		X		X
D	West Virginia Hospital Finance Authority	62-1256910	956622D27	12-17-2009	69,402,501	See Schedule O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	80,036,762	46,420,000	46,765,000	69,402,501	
2	Gross proceeds in reserve funds	0	0	0	7,961,962	
3	Proceeds in refunding or defeasance escrows	0	0	0	0	
4	Other unspent proceeds	0	0	0	0	
5	Issuance costs from proceeds	2,280,547	1,778,060	2,036,713	3,401,264	
6	Working capital expenditures from proceeds	0	0	0	0	
7	Capital expenditures from proceeds	77,756,215	44,641,940	44,728,287	57,902,071	
8	Year of substantial completion	2010	2010	2010	2010	

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

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		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			

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		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		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		
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 ▶		1 75 %		1 75 %		1 75 %		1 75 %		
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 5 %		0 5 %		0 5 %		0 5 %		
6	Total of lines 4 and 5		2 25 %		2 25 %		2 25 %		2 25 %		
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			

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		
2	Is the bond issue a variable rate issue?		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		
b	Name of provider	UBS		UBS		UBS					
c	Term of hedge		35		35		35				
4a	Were gross proceeds invested in a GIC?		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		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		

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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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

Identifier	Return Reference	Explanation
F990_P04_S00_L12A	Form 990, Part IV, Line 12A	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 with auditors The SAS 115 and CSL are detailed by hospital where deficiencies are identified The audit work itself is actually done at the individual facility level
F990_P05_S00_L03a	Form 990, Part V, Line 3a	United Hopsital Center had only $300 in Unrelated Business Income for 2009 UHC opted to file the 990T although no taxes were due
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	It is the goal of UHC to maintain the highest of compentence on its board of directors As such from time to time certain members of the Board of Directors may also have a business relationship with the hospital Examples would include a lawyer whose law firm represents UHC or a bank officer in which UHC has a business account All business relationships are disclosed in annual conflict of interest statements and Board members are encouraged to abstain from any votes that would appear to be a conflict of interest
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The annual form 990 is presented to the hospitals Finance Committee of the Board of Directors The hospitals Chief Financial Officer presents the key sections of the Form 990 including the sections with emphasis on officer compensation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	On an annual basis education is provided to all Officers and Board of Directors with respect to their fiduciary responsibilities and what may or may not be a conflict of interest This education is provided by the hospitals in house general counsel All Officers and Board of Directors are required to complete an annual conflict of interst and disclosure statement These statements are maintained by the hospitals in house general counsel and specifically reviewed as necessary based on business presented to the Board of Directors
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	It is the compensation philosophy of UHC to pay fair and competitive wages to all employees Annual wage comparisons are performed by the hospital Human Resources department In addition for the organizations CEO and other officers and key employees an additional review is performed every two years by an independent consultant Any recommended changes in compensation for the CEO and other officers or key employees must be approved by the Compensation Committee of the Board of Directors In addition the minutes of such approval must be ratified by the full Board of Directors
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	All governing documents conflict of interest policy and financial statements are available to the public upon request
F990_P08_S00_L02a	Form 990, Part VIII, Line 2a - 2e	Income from patient services other than medicare and medicaid enables the hospital to serve the remaining population Medicare and Medicaid payments received enable the hospital to better serve the medicare and medicaid populatin of the surrounding communities In order to keep patient costs to a minimum discounts are utilized when offered by the hospitals vendors

Identifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	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 with the auditors The SAS 115 and CSL are detailed by hospital where deficiencies are identified The audit work itself is actually done at the individual facility level

SchK_P01_S00_L00 Schedule K, Part I Introduction 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 General 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, United Hospital Center is reporting bond allocations issued to it on the Schedule K attached to this tax return 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 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 WVUH 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 SchK_P01_S00_L00e Schedule K, Part I, Column e Schedule K, Part I, Line A, Column (e) - The 2006 Series A Bonds (issue price - $80,036,762, CUSIP 956622XA7) were issued collectively with 2006 Series B Bonds (issue price - $46,150,000, CUSIP 956622WK6), 2006 Series C Bonds (issue price - $46,500,000, CUSIP 956622WL4) and 2006 Series D Bonds (issue price - $60,375,000, CUSIP 956622WM2) totaling $233,061,762 (total issue price for all four series reported on Form 8038 for June 8, 2006 issuance) 2006 Series B Bonds were refunded by 2008 Series A Bonds and are reported on Schedule K, Part I, Line B of this tax return 2006 Series C Bonds were refunded by 2008 Series B Bonds and are reported on Schedule K, Part I, Line C of this tax return 2006 Series D Bonds were refunded by 2008 Series C Bonds, which were refunded by 2009 Series C Bonds and are reported on Schedule K, Part I, Line D of this tax return Schedule K, Part I, Line B, Column (e) - The 2008 Series A Bonds (issue price - $46,420,000, CUSIP number 956622YE8) were issued collectively with 2008 Series B Bonds (issue price - $46,765,000, CUSIP number 956622YD0), 2008 Series C Bonds (issue price - $60,725,000, CUSIP number 956622YF5) and 2008 Series D Bonds (issue price - $27,115,000, CUSIP number 956622YG3) totaling $181,025,000 (total issue price for all four reported on Form 8038 for August 29, 2008 issuance) 2008 Series B Bonds are reported on Schedule K, Part I, Line C of this tax return 2008 Series C Bonds and 2008 Series D Bonds were allocated to WVUH and are reported on the tax return filed by such taxpayer Schedule K, Part I, Line C, Column (e) - The 2008 Series B Bonds (issue price - $46,765,000, CUSIP number 956622YD0) were issued collectively with 2008 Series A Bonds (issue price - $46,420,000, CUSIP number 956622YE8), 2008 Series C Bonds (issue price - $60,725,000, CUSIP number 956622YF5) and 2008 Series D Bonds (issue price - $27,115,000, CUSIP number 956622YG3) totaling $181,025,000 (total issue price for all four reported on Form 8038 for August 29, 2008 issuance) 2008 Series A Bonds are reported on Schedule K, Part I, Line B of this tax return 2008 Series C Bonds and 2008 Series D Bonds were allocated to WVUH and are reported on the tax return filed by such taxpayer Schedule K, Part I, Line 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 04) and United Hospital Center (issue price - $69,402,501 06) The total issue price for the 2009 Series C Bonds was $101,296,629 10 (consistent with total issue price reported on Form 8038 for December 17, 2009 issuance, CUSIP 956622D27) The portion of the 2009 Series C Bonds allocated to WVUH and its subsidiary is reported on the tax return filed by such taxpayer SchK_P01_S00_L00f Schedule K, Part I, Column f Schedule K, Part I, Line A, Column (f) - The purpose of the 2006 Series A Bonds, together with the 2006 Series B Bonds, the 2006 Series C Bonds and the 2006 Series D Bonds, was to fund construction of new hospital facilities owned by United Hospital Center Schedule K, Part I, Line B, Column (f) - The purpose of the 2008 Series A Bonds was to refund the 2006 Series B Bonds, issued on June 8, 2006 The purpose of the 2006 Series B Bonds, together with the 2006 Series A Bonds, the 2006 Series C Bonds and the 2006 Series D Bonds, was to fund construction of new hospital facilities owned by United Hospital Center Schedule K, Part I, Line C, Column (f) - The purpose of the 2008 Series B Bonds was to refund the 2006 Series C Bonds, issued on June 8, 2006 The purpose of the 2006 Series C Bonds, together with the 2006 Series A Bonds, the 2006 Series B Bonds and the 2006 Series D Bonds, was to fund construction of new hospital facilities owned by United Hospital Center Schedule K, Part I, Line D, Column (f) -The purpose of the 2009 Series C Bonds was to (a) refund 2008 Series C Bonds, issued on August 29, 2008, and (b) fund capital renovations and improvements for hospital facilities owned by WVUH and its subsidiary The purpose of the 2008 Series C Bonds was to refund the 2006 Series B Bonds, issued on June 8, 2006 The purpose of the 2006 Series D Bonds, together with the 2006 Series A Bonds, the 2006 Series B Bonds and the 2006 Series C Bonds, was to fund construction of new hospital facilities owned by United Hospital Center The portion of the 2009 C Bonds used to fund WVUH hospital facilities was allocated to WVUH and its subsidiary and is reported on the tax return of WVUH SchK_P02_S00_L07 Schedule K, Part II, Line 7 Schedule K Part II, Line 7, Column D - The difference between the total issue price reported on Line 1 for the 2009 C Bonds of $69,402,501 varies from the sum of Lines 2 through 7 by $137,220 This variance is due to overfunding of the refunding escrow fund, which was subsequently transferred to the project fund allocated to WVUH SchK_P03_S00_L03c Schedule K, Part III, Line 3c Schedule K, Part III, Line 3c, All Columns - Prior to each bond issuance, United Hospital Center engages bond counsel to review management and services contracts, leases and research agreements in anticipation of such bond issuance SchK_P03_S00_L07 Schedule K, Part III, Line 7 Schedule K, Part III, Line 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

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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
UNITED HOSPITAL CENTER INC

Employer identification number
55-0525724

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	0	0	0 %
WV United Insurance Services Inc 1000 Technology Drive Ste 2320 Fairmont, WV26554 55-0756055	Provider Network	WV	N/A	C	0	0	0 %
Jefferson Health Enterprises Inc 300 S Preston Street Ranson, WV25438 55-0755627	Urgent Care	WV	N/A	C	0	0	0 %
WVUH-East Enterprises Inc 2000 Foundation Way Ste 2301 Martinsburg, WV25401 55-0653982	Medical equipment	WV	N/A	C	0	0	0 %

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** Yes	
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**	No
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**	No
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** Yes	
n	Sharing of paid employees	**1n** Yes	
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**	No
r	Other transfer of cash or property from other organization(s)	**1r**	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(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: 09000073
Software Version: v1.00
EIN: 55-0525724
Name: UNITED HOSPITAL CENTER 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
WV United Health System 1000 Technology Drive Fairmont, WV 26554 55-1754713	Healthcare Access	WV	501(c)3	11a	All
WV University Hospitals Inc PO Box 8034 Morgantown, WV 26506 55-0643304	Patient care	WV	501(c)3	3	N/A
WV University Hospitals East 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 50-2337985	Healthcare access	WV	501(c)3	11a	N/A
City Hsopital Inc 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 55-0383321	Patient Care	WV	501(c)3	3	N/A
Jefferson Memorial Hospital 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 55-0359755	Patient care	WV	501(c)3	3	N/A
City Hospital Foundation 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 31-1118075	Hospital support	WV	501(c)3	11a	N/A
Jefferson Healthcare Foundation 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 55-0768901	Hospital supprot	WV	501(c)3	11a	N/A
WVUH-East Services 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 31-1118076	Patient Care	WV	501(c)3	3	N/A
Gateway Healthcare Properties 2000 Foundation Way Ste 2301 Martinsburg, WV 25401 55-0660916	Property management	WV	501(c)2	N/A	N/A
United Physicians Care 686 S Pike Street Shinnston, WV 26431 55-0638563	Patient care	WV	501(c)3	3	N/A
United Health Foundation 327 Medical Park Drive Bridgeport, WV 26330 55-0621706	Hospital Support	WA	501(c)3	11a	N/A
WVU Healthcare Corp PO Box 8059 Morgantown, WV 26506 55-0650441	Support	WV	501(c)3	11a	N/A
United Summit Center 6 Hospital Plaza Clarksburg, WV 26301 55-0752788	Behavioral Health	WV	501(c)3	3	N/A

Additional Data

Software ID:
Software Version:
EIN: 55-0525724
Name: UNITED HOSPITAL CENTER INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

The Manager of United Hospital Center's dietary department provided Registered Dietician services for Bicounty Nutrition, 10 weeks to 10K, Asthma Camp and Harrison County Head Start Program

(Code) (Expenses $ 35,527 including grants of $ 0) (Revenue $ 3,025)

United Hospital Center is one of the largest providers of obstetrical services in terms of deliveries and serves as a regional resource for obstetric services In fulfilling that role, Family Medicine Faculty and Residents conduct weekly and monthly obstetric/family planning clinics and pediatric clinics for the Harrison and Doddridge County Health Departments A total of 1,586 persons were seen at these clinics The obstetrics department also conducts childbirth classes for expectant parents These classes are for expectant mothers and coaches to practice techniques for the best possible experience in childbirth Total persons served was 85 In addition, the Obstetrics department conducts sibling tours for the big brothers/sisters to alleviate anxiety of where Mom is when the new baby arrives

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

UHC Emergency Department provides Medical Tent services for the 10 K Run and the Cecil Jarvis Memorial Triatholon held each year in Clarksburg, WV Medical services are provided for participants and bystanders

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

UHC Laboratory detp, Sheriffs dept, Harrison Bd of Ed liaison for the 17th year of the Hugged drug awareness program Expenses related to the random drug screenings were donated for students who signed up UHC lab provides clinical education and supervision to microbiology students enrolled at Robert C Byrd high school (120 Students)

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

The United Hospital Center's respiratory care, pharmacy, nursing departments and American Lung Association of West Virginia co-sponsored their eighteenth annual statewide asthma camp for children ages 8 - 13 to promote the development of self-management skills in these children Sixty (60) children participated in "Camp Catch Your Breath" which took place at Jacksons' Mill in Lewis County The camp included daily sessions on medical mnagement, camping activities, sports, arts & crafts with 45 staff members At the closing of camp, a workshop was held for the camper's families, approximately 250 person partipated

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 300 including grants of $ 0) (Revenue $ 0)

United Hospital Center continues to support an associate directed program known as "Care & Share" which accepts voluntary contributions from associates to be distributed annually to community non-profit agencies and associates in need Other associates sponsored community functions include the annual "From the Heart, For the Kids" Christmas party (food, clothing, gifts for indigent families - 60 children) Several UHC associates volunteer their time, approximately 120 volunteer hours, to help at the party which was held December 12, 2009 In addition, Easter Baskets were presented to 60 children in area homeless shelters and youth centers (associates contribute contents of the baskets with UHC purchasing items as needed) Other activities include Harrison County United Way, American Heart Association's Walk for Life and American Cancer Society's Relay for Life

(Code) (Expenses $ 9,089 including grants of $ 0) (Revenue $ 0)

UHC has representatives serving on several community boards, including but not limited to, Family services of Harrison & Marion Counties, Harrison County Drop-in Advisory board, WV Network ethics advisory committee, Coalition fo the Homeless, and Goodwill Advisory board In addition, UHC representatives are frequent speakers at area organizations about healthcare with approximately 200 persons served

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

Provides Healthcare services for the community and surrounding areas The majority of the program services are to provide health care and health care maintenance for the community as both inpatient and outpatient services

(Code) (Expenses $ 2,508 including grants of $ 0) (Revenue $ 0)

A United Hospiutal Center representative sits on Liberty High School's improvement council and coordinates various speakers and project judges as needed for the school system In addition, a hospital representative volunteers with the Health Occupations Student Association for the United Technical Center and Fairmont State University UHC's School of Radiologic Tchonology conducted numerous radiology demonstrations at area schools and participated in high school career days Over 832 students particpated A hospital representative assists the Harrison County Board of Education with their Child development classes, which includes tours of the Maternal/Child unit and educational lectures Other hospital personnel conducted CPR training for the American Heart Association for area organizations

(Code) (Expenses $ 9,833 including grants of $ 0) (Revenue $ 0)

UHC sponsors a physician referral service to area residents and newcomers Collaborates with area healthcare providers on community concersn UHC sponsors the local mall walkers program with United Home Health department conducting blood pressure screening (140 families)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 266,906 including grants of $ 0) (Revenue $ 0)

United Hospital Center donates expired products and/or unused, or functional disposable products for distrbution to third world countries such as Africa and South America and to teaching hospitals, smaller public hospitals and rural medical clinics in the United States

(Code) (Expenses $ 2,950 including grants of $ 0) (Revenue $ 0)

UHC Family Medicine residents along with the pharmacy, laboratory, cancer registry and radiology oncology departments volunteered time and chaired a Men's cancer screening, Women's Cancer screening, Skin cancer screening and Prostate cancer screening for a total of 100 participants

(Code) (Expenses $ 2,119 including grants of $ 0) (Revenue $ 0)

Other public service communication efforts include sponsorship of the "Celebration of Life" program for former cancer patients and directory of area cancer resources with 250 persons served The Radiology Oncology department conducted classes for "Look Good Feel Better" for women cancer patients (116 persons) These classes included how to apply make up without infecting themselves due to depressed immune systems UHC collaborates with other area health care providers and service agencies to address community health concerns Some of the programs include Healthy Eating, Humor and Health, Stress Management and Women's Heart Health Space is provided in our lobby for educational materials for Tobacco Awareness and Domestic Violence

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

Along with three other rural hospitals, United Hospital Center provides support to the West Virginia Chapter of Office Managers Association of Healthcare Providers The purpose of the organization is to improve the professional knowledge and skills of physicians office personnel through informal and formal education activities and to facilitate communication between provider offices and affliated hospitals

(Code) (Expenses $ 4,988 including grants of $ 0) (Revenue $ 0)

UHC's Family Medicine Program Faculty and Residents prepared and taught classes in Sex Education for area schools with 450 students participating In addition, the residents contributed time in performing physical examinations for the area high schools so that students could safely participate in sports activities, approximately 1,000 exams were performed The Program also performed physical examinations for approximately 30 children between ages of 1 and 18 for the Shriners Hospital

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 6,011 including grants of $ 0) (Revenue $ 0)

United Hospital Center provides administrative facilities for the American Cancer Society In addition, UHC allows some organizations the use of classrooms at no charge Those organizations include but not limited to WV Autism Support Group, Addiction Support Group, Special Touch Breast Cancer Support Group, Kids Cancer Talk Support Group and Narcotic Anonymous Also, UHC provides space for American Red Cross to conduct Blood drives In 2008, 1,035 persons were served

(Code) (Expenses $ 624 including grants of $ 0) (Revenue $ 0)

United Hospital Center pays for transportation via Taxi service for indigent patients to get home post discharge Approximately 83 persons served

(Code) (Expenses $ 232,323 including grants of $ 0) (Revenue $ 72,543)

To address other health manpower shortages throughout the region, United Hospital Center's School of Radiological Technology graduated 14 radiology technologists this year In addition, UHC serves as a clinical training site for nursing students from West Virginia Wesleyan College, Fairmont State University, Alderson Broaddus College, United Technical Center, Monongalia Technical Center, West Virginia University, Wheeling-Jesuit College, Davis and Elkins College, Widerner University, Edinboro University and Fred Eberle School of Practical Nursing The hospital also offers rotations for students in the following programs, emergency medical personnel, medical record technology, pharmacy, safety engineering, medical students from Lewisburg and West Virginia University, physicians assistant, physical therapy, and surgical technicians Also, clinical education for Rehab Students Exact number of persons served is unknown Rotations for one of three practicums and internships for counseling students in a masters' degree program are provided as needed in cooperation with West Virginia University

(Code) (Expenses $ 37,121 including grants of $ 0) (Revenue $ 0)

In an effort to inform the community about the availability of health services, United Hospital Center publishes and distributes a home visit newsletters and annual community report to approximately 57,000 households and a resource directory of medical specialties and physicians for area residents and agencies

(Code) (Expenses $ 22,660 including grants of $ 0) (Revenue $ 0)

United Hospital conducted, through the Education department, a diabetes support group at which participants (adult and youth) from mulitple counties attended Persons served in these support groups were 470 In addition, staff at the Health Connection assisted the indigent patients in enrolling in the Lilly Cares program for starter insulin and also received glucometers from Bayer Co to distribute and properly educate patients in the daily monitoring of their blood glucose

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 16,801 including grants of $ 0) (Revenue $ 0)

UHC sponsors an annual Pathology Seminar that is organized by one of it's staff pathologists This seminar has been very successful with 190 pathologists participating from all around the world The proceeds to date $565,000 were contributed to the Health Access clinic ($488,000) and United Health Foundation for Asthma Camp ($77,000)

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

The chaplain at United Hospital Center volunteers time to the Harrison County Sheriff's department as well as Harrison County Senior Citizens providing services as needed

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

Change in fair value of deriative financial instruments

(Code) (Expenses $ 2,486 including grants of $ 0) (Revenue $ 0)

Several United Hospital Associates participated in health fairs/screenings for the community citizens at various locations throughout North Central West Virginia with numerous participants attending Screenings at these fairs included a venous hemoglobin A1C test, blood pressure, blood glucose level, cholesterol, general health education, hearing, nutrition information, weight management, body composition analysis and vision These Health Fairs served 760 persons

(Code) (Expenses $ 874 including grants of $ 0) (Revenue $ 0)

United Hospital Center's Hospice and Home Health Departments conducted presentations at area nursing homes on End-of-Life care There were 195 participants

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 138,478,101 including grants of $ 0) (Revenue $ 212,469,739)

Provides healthcare services for the community and surrounding areas The majority of the program sevices are to provide health care and health care maintenance for the community as both inpatient and outpatient services

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			
Walter Barth Board Member	2	X						0	0	0
Paul Davis Board Member	2	X						0	0	0
Katharyn Wetzel Board Member	2	X						0	0	0
Tom Michel Board Member	2	X						0	0	0
Victoria Shuman DO Board Member	2	X						0	0	0
Ellen Condron Board Member	2	X						0	0	0
Sister Barbara Fidler Board Member	2	X						0	0	0
Louis Spatafore Board Member	2	X						0	0	0
Robert Wilson Board Member	2	X						0	0	0
Barbara Anderson Vice Chairman	2	X		X				0	0	0
Robert Kittle Secretary	2	X		X				0	0	0
Melanie Squires Board Member	2	X						0	0	0
Josie Faix Board Member	2	X						0	0	0
W Henry Lawrence Chairman	2	X		X				0	0	0
Steve McDaniel Board Member	2	X						0	0	0
Tom Aman Treasurer	2	X		X				0	0	0
Jeffrey Barger Board Member	2	X						0	0	0
Susan Collins Board Member	2	X						0	0	0
Charles Feathers Board Member	2	X						0	0	0
Rev W Delmar Parris Board Member	2	X						0	0	0
Douglas M Coffman Vice President	40			X				250,647	0	32,726
Timothy Allen Vice President	40			X				169,483	0	40,445
Bruce Carter President	40			X				560,770	0	98,622
Michael Tillman Vice President	40			X				254,387	0	45,002
Geoffrey Marshall Vice President	40			X				163,491	0	37,911

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			
Brian Cottrill Vice President	40			X				144,726	0	33,068
Mark Povrosnik Director Quality Initiative	40				X			193,998	0	36,627
Jeff Bolyard Legal Counsel	40				X			165,530	0	31,695
David Bailey Director Physician Services	40				X			143,314	0	10,802
Richard A Douglas MD Staff Physician	40					X		499,302	0	23,275
James Kessel MD Staff Phyisician	40					X		419,717	0	7,802
Richard W King MD Staff Physician	40 00					X		598,456	0	23,155
William Doukas MD Staff Physician	40					X		549,412	0	23,107
Vincent Miele M D Staff Physician	40					X		707,546	0	22,986