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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Upper Valley Medical Center	D Employer identification number 31-0537095
	Doing Business As	E Telephone number (937) 440-7853
	Number and street (or P O box if mail is not delivered to street address) 3130 North County Road 25A	Room/suite
	G Gross receipts \$ 155,276,916	
	City or town, state or country, and ZIP + 4 Troy, OH 45373	
	F Name and address of principal officer Thomas Parker 3130 North County Road 25A Troy, OH 45373	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.uvmc.com		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1926
		M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities The primary exempt purpose is to provide comprehensive inpatient, outpatient and emergency health care services to area residents The Hospital furthers its exempt purpose by promoting community health		
	2 Check this box <input checked="" type="checkbox"/> 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,575
6 Total number of volunteers (estimate if necessary)	6	180	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	367,884	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	71,819	26,332
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,663,219	140,499,574
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,339,094	2,760,318
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,604,714	1,414,283
		145,678,846	144,700,507
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	87,845	140,741
	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)	78,320,379	73,405,112
	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)	64,005,025	62,537,181
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	142,413,249	136,083,034
	19 Revenue less expenses Subtract line 18 from line 12	3,265,597	8,617,473
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	155,810,058	160,660,248
	21 Total liabilities (Part X, line 26)	108,646,835	106,955,964
	22 Net assets or fund balances Subtract line 21 from line 20	47,163,223	53,704,284

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		2011-11-05			
	Date					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 1900 Scripps Center 312 Walnut St Cincinnati, OH 45202					Phone no ▶ (513) 612-1400

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

Check if Schedule O contains a response to any question in this Part III ☒

SEE SCHEDULE O

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

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 \$ 108,592,087 including grants of \$ 26,332) (Revenue \$ 140,499,574)
	See Schedule O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)



















4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 108,592,087
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	No

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>	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						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	97			
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	1,575			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b			Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds 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			No	
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				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 filedOH
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. TIMOTHY SNIDER 3130 NORTH COUNTY RD 25A Troy, OH 45373 (937) 440-7853

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,842,948	880,641	534,550

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▶33

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

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
Brackett Builders 185 Marybill Dr TROY, OH 45373	Construction	3,521,325
Valley Anesthesia Inc 3130 North County Rd 25A TROY, OH 45373	Anesthesiology	1,618,574
North Dayton Pathologist Inc 2222 Philadelphia Dr DAYTON, OH 45406	Pathology	976,668
Premier Health Care Services Inc 332 Congress Park Dr DAYTON, OH 45459	Occupational Health	427,673
Quest Diagnostics 3 Giralda Farms MADISON, NJ 07940	Lab/Healthcare	435,993

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 ▶17

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	15,533				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	10,799				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶	26,332				
	Program Service Revenue			Business Code			
2a		NET MEDICARE / MEDICAID	621300	72,847,819	72,847,819		
b		NET PATIENT CARE SERVICES	212000	66,268,590	66,268,590		
c		JOINT HOSPITAL SERVICES - LAUNDRY	812300	611,552	598,353	13,199	
d		TRAINING & EDUCATION	561499	145,271	145,271		
e		RENTAL FROM AFFILIATES	532000	184,728	184,728		
f		All other program service revenue		441,614	441,614		
g		Total. Add lines 2a-2f ▶	140,499,574				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		2,524,121	2,872	2,521,249	
	4	Income from investment of tax-exempt bond proceeds . . ▶		268,750		268,750	
	5	Royalties ▶		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
			32,214				
		b	Less rental expenses	42,190			
		c	Rental income or (loss)	-9,976			
	d	Net rental income or (loss) ▶		-9,976		-9,976	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			10,428,073	73,593			
		b	Less cost or other basis and sales expenses	10,351,049	183,170		
		c	Gain or (loss)	77,024	-109,577		
	d	Net gain or (loss) ▶		-32,553		-32,553	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events . . ▶		0		
	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 . . ▶		0		
	10a	Gross sales of inventory, less returns and allowances a					
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue		Business Code					
11a	NUTRITION SERVICES	722210	755,580	82,946	672,634		
	b	PHYSICIAN LABORATORY SERVICES	621500	304,261	304,261		
	c	MEDICAL RECORDS FEES	541800	47,464	47,464		
	d	All other revenue		316,954	266,530	50,424	
	e	Total. Add lines 11a-11d ▶		1,424,259			
12	Total revenue. See Instructions ▶		144,700,507	140,886,187	367,884	3,420,104	

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	140,741	140,741		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,297,410	66,660	2,230,750	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	54,094,833	43,515,946	10,578,887	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,839,736	3,900,343	939,393	
9	Other employee benefits	8,325,715	6,743,246	1,582,469	
10	Payroll taxes	3,847,418	3,100,634	746,784	
a	Fees for services (non-employees) Management	0			
b	Legal	110,495		110,495	
c	Accounting	127,988		127,988	
d	Lobbying	15,362	587	14,775	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	107,767		107,767	
g	Other	7,092,266	6,736,190	356,076	
12	Advertising and promotion	599,769	60,070	539,699	
13	Office expenses	3,826,557	2,840,690	985,867	
14	Information technology	2,937,516	1,765,170	1,172,346	
15	Royalties	0			
16	Occupancy	3,114,594	2,614,419	500,175	
17	Travel	214,917	149,131	65,786	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	141,917	79,338	62,579	
20	Interest	2,766,711	2,229,692	537,019	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,969,997	6,049,741	920,256	
23	Insurance	2,673,764		2,673,764	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OPERATING SUPPLIES/EQUIP	14,343,286	14,334,037	9,249	
b	JOINT OPERATING AGREEMENT	7,422,000	7,422,000		
c	PURCHASED SERVICES	6,145,125	3,152,805	2,992,320	
d	BAD DEBTS	2,555,883	2,555,883		
e	HOSPITAL FRANCHISE TAX	1,035,724	1,035,724		
f	All other expenses	335,543	99,040	236,503	
25	Total functional expenses. Add lines 1 through 24f	136,083,034	108,592,087	27,490,947	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				3,295	1	3,395
	2	Savings and temporary cash investments				6,455,773	2	2,562,716
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				11,360,422	4	11,001,086
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				4,198	5	45,177
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				1,037,092	7	478,548
	8	Inventories for sale or use				464,810	8	534,319
	9	Prepaid expenses and deferred charges				1,278,585	9	1,337,541
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	131,271,384				
	b	Less: accumulated depreciation	10b	75,028,800		55,592,589	10c	56,242,584
	11	Investments—publicly traded securities				78,089,816	11	86,868,834
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,523,478	15	1,586,047
	16	Total assets. Add lines 1 through 15 (must equal line 34)				155,810,058	16	160,660,248
Liabilities	17	Accounts payable and accrued expenses				49,919,364	17	51,319,938
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				55,163,529	20	53,190,064
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				3,563,942	25	2,445,962
	26	Total liabilities. Add lines 17 through 25				108,646,835	26	106,955,964
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				44,994,454	27	51,123,204
	28	Temporarily restricted net assets				1,244,029	28	1,507,638
	29	Permanently restricted net assets				924,740	29	1,073,441
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				47,163,223	33	53,704,283
	34	Total liabilities and net assets/fund balances				155,810,058	34	160,660,248

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,700,507
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,083,034
3	Revenue less expenses Subtract line 2 from line 1	3	8,617,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,163,223
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,076,413
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,704,283

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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		

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

2010

Open to Public Inspection

Name of the organization
Upper Valley Medical Center

Employer identification number
31-0537095

Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?
(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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization Upper Valley Medical Center	Employer identification number 31-0537095
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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)		(b)
		Yes	No	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?	Yes		8,612
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,750
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			15,362
	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
Schedule C, Part II-B, Lines 1f & 1g		Amounts include a portion of membership dues paid to Ohio Hospital Association, Greater Dayton Area Hospital Association and Ohio Council Home Care that were used for lobbying purposes. Also includes payments to a contracted lobbyist for health care related issues.

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Upper Valley Medical Center

Employer identification number
31-0537095

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	2,168,769	2,135,470	2,061,537		
b Contributions	511,361	304,326	450,032		
c Investment earnings or losses	62,404				
d Grants or scholarships	49,999	107,414	49,092		
e Other expenditures for facilities and programs	111,456	163,613	327,007		
f Administrative expenses					
g End of year balance	2,581,079	2,168,769	2,135,470		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 41 590 %

c

Term endowment ▶ 58 410 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

b

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

3b

Yes

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		409,459		409,459
b Buildings		62,615,360	30,939,045	31,676,315
c Leasehold improvements		78,425	78,425	
d Equipment		58,314,885	42,873,474	15,441,411
e Other		9,853,255	1,137,856	8,715,399
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				56,242,584

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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
Intended uses of the organization's endowment funds	Schedule D, Part V, Line 4	The permanent and term endowment funds are to be used to provide building/equipment and program related needs for the UVMC Health System, to provide support to the Upper Valley Medical Center Cancer Care Center, and to provide healthcare scholarships. In addition, the term endowment funds are to be used to provide financial support for indigent patient bills, to provide health education programs, and to provide toys to enhance a child's well being while spending time in the hospital.
Income Taxes	Schedule D, Part X, Line 1	UVMC is a part of Premier Health Partners which is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. As such, there is no income tax liability recorded at December 31, 2010 and 2009. In addition, Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the combined financial statements. UVMC and its respective subsidiaries are a group of corporations that are tax-exempt corporations under Section 501(c)(3) of the Internal Revenue Code except for the following subsidiaries: - UVMC Management Corporation - For-profit corporation subject to federal income taxes - After Hours Family Care, Inc. - For-profit corporation subject to federal income taxes - Med-Terra, Inc. - Tax-exempt corporation under Section 501(c)(2) of the Internal Revenue Code.

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

2010

Open to Public
Inspection

Name of the organization
Upper Valley Medical Center

Employer identification number
31-0537095

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
5c	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 eligible for free or discounted care?		
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			8,387,102	1,703,239	6,683,863	5 010 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			14,378,817	11,363,392	3,015,425	2 260 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			407,870	297,003	110,867	0 080 %
d Total Financial Assistance and Means-Tested Government Programs			23,173,789	13,363,634	9,810,155	7 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,020,127	103,854	916,273	0 690 %
f Health professions education (from Worksheet 5)			67,233		67,233	0 050 %
g Subsidized health services (from Worksheet 6)			3,344,896	765,520	2,579,376	1 930 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			176,085		176,085	0 130 %
j Total Other Benefits			4,608,341	869,374	3,738,967	2 800 %
k Total. Add lines 7d and 7j			27,782,130	14,233,008	13,549,122	10 150 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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					
2	Economic development		632		632	
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members		1,242		1,242	
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		8,000		8,000	0 010 %
9	Other		39,983		39,983	0 030 %
10	Total		49,857		49,857	0 040 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	598,722	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,980,848	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	37,966,705	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-2,985,857	
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. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	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				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

[illegible][illegible]

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (Describe)
1	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
2	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
3	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
4	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
5	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
6	DIALYSIS SERVICES 3130 N COUNTY RD 25A TROY, OH 45373	DIALYSIS
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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 communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION	Part I, line 3c	Not applicable Upper Valley Medical Center uses the Federal Poverty Guidelines for determining eligibility for free or discounted care under the organization's charity care policy
SUPPLEMENTAL INFORMATION	Part I, line 6a	An annual written community benefit report is prepared by the organization directly In addition, Upper Valley Medical Center's community benefit information is included in an annual written community benefit report with Premier Health Partners, a related organization Both of these reports are made available to the public via publications in local newspapers, as well as on the organizations' websites
SUPPLEMENTAL INFORMATION	Part I, line 7g	Included in subsidized health services are revenues and expenses related to an obstetrics clinic which is subsidized by both the Miami County Health Department and Upper Valley Medical Center This clinic serves the prenatal, delivery and postnatal medical needs of women in the hospital's Miami County service area Also included in subsidized health services are revenues and expenses related to an outpatient behavioral health clinic which serves the mental and behavioral health needs of area residents The clients in both of these clinics include those who either have no medical insurance or qualify for Medicaid services The total community benefit expense for these clinics in 2010 was \$1,060,225, with direct offsetting revenues of \$765,520 The net community benefit expense was \$294,705
SUPPLEMENTAL INFORMATION	Part I, line 7, column (f)	Bad debt expenses of \$2,555,883, which are included on Form 990, Part IX, line 25, column (A), have been removed from the denominator prior to the calculation of the percent of total expense
SUPPLEMENTAL INFORMATION	Part I, line 7	A cost-to-charge ratio methodology was used to calculate the community benefit expenses which appear in the table in Schedule H, Part I, Sections 7a-c This cost-to-charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges The community benefits expenses which appear in the table under Sections 7e-j are calculated based on actual costs
SUPPLEMENTAL INFORMATION - Community Building Activities	Part II	To aid in the leadership development and training for community members, Upper Valley Medical Center participates in the Leadership Piqua and Leadership Troy programs These programs consist of annual sessions, whereby participants learn leadership and interpersonal skills to be informed civic-oriented leaders who are interested in helping to direct the future of the Miami County communities Upper Valley Medical Center is a member of the local area chambers of commerce Through this membership and the various chamber activities, the organization participates in the economic development of the Miami County area In 2010, Upper Valley Medical Center participated in the Project Search Program Project Search is a high school transition program which provides training and education leading to employment for individuals with disabilities It is a collaborative program between Upper Valley Medical Center, Upper Valley Joint Vocational School, Rehabilitation Services Commission, the Miami and Shelby County Boards of Developmental Disabilities, and Capabilities Four individuals were selected to gain employable skills working in various departments within the hospital performing various tasks The goal of this program is to have the individuals gain more independence and an ability to work in gainful employment A Project Search Coordinator and a Job Coach supervise the students on a daily basis Other community building activities include cash donations made to other organizations throughout the Miami County area Certain board members of the hospital are granted charitable credits to be donated in the name of the board member to not-for-profit, tax-exempt, 501 (c)(3) health and human services organizations in the Miami County area The recipient organization must use the funds in the spirit of the Hospital's mission to improve the general health status of the community Upper Valley Medical Center also makes several direct charitable donations to other not-for-profit organizations throughout Miami County These organizations include area schools, chambers of commerce, churches, etc These donations are given in the spirit of aiding in the overall well-being of the community
SUPPLEMENTAL INFORMATION	Part III, line 4	Upper Valley Medical Center uses Worksheet A and the cost-to-charge ratio methodology from Worksheet 2, Ratio of Patient Care Cost-to-Charges to determine the amounts reported as the organization's bad debt expense (at cost) on Part III, Section A , lines 2-3 In determining bad debt expense, the Medical Center deducts all applicable discounts and payments made on patient accounts from the balances that go to bad debts Footnote per Audited Financial Statement Upper Valley Medical Center's management recognizes bad debt expense and the allowance for doubtful accounts based upon historical experience After satisfaction of amounts due from insurance, established guidelines related to past due balances are followed Recoveries on previously written off receivables are netted against the bad debt expense in the year of recovery Upper Valley Medical Center recognizes that there are accounts written off to bad debt that may have qualified for charity care if the patient provided the necessary financial information In order to resolve this, the organization has engaged a third party vendor to analyze data based on credit scores to reallocate some of this expense to charity care The policy is as follows After 18 months, if the collection agency has not been able to resolve the account, the account is returned to the organization for final closeback These accounts are then sent to the third party vendor who gathers external credit data that presents the account as less than 100% Federal Poverty Level or not enough information (typically indicative of indigent) These accounts are reclassified from bad debt expense to charity expense on our income statement Any credit score that presents the accounts as greater than 100% Federal Poverty Level remains in bad debt expense Due to this process, Upper Valley Medical Center does not feel it has reported bad debt expense for patients eligible under the organization's charity care policy
SUPPLEMENTAL INFORMATION	Part III, line 8	The Medicare shortfall of \$2,985,857 should be treated as community benefit because the organization is providing high-quality care in excess of the cost to those in its community who need care The Medicare population at the organization is approximately 30% of net patient revenue The Medicare advantage plans and Medicare managed care plans are excluded from this percentage Upper Valley Medical Center uses the Medicare Allowable Costing Methodology (Medicare Cost Report 2552-96) to determine Medicare allowable costs reported
SUPPLEMENTAL INFORMATION	Part III, line 9b	Upper Valley Medical Center uses the eligibility guidelines under Federal House Bill 5101 3-2-0717 to determine patient accounts which qualify for basic, medically necessary hospital services under the State of Ohio Free Care Program (Care Assurance) The patient must complete the HCAP application and sign an affidavit that states that they meet the State's requirements Proof of income is not required and there are no dollar limits to the amounts which may be written off Upper Valley Medical Center's Patient Financial Advocates meet with self-pay and other patients who may need financial assistance In addition to assisting patients who want to apply for assistance through the Medicaid program, the Patient Financial Advocate will provide the patient with a form for completing a financial statement, which must be returned to the Patient Financial Advocate within 10 days If the financial statement falls within 400% of the federal poverty guidelines, the patient qualifies for assistance and all or part of the account will be written off to charity care, based on a Sliding Fee Schedule which has been established There are no dollar limits to the amounts which may be written off Patients may also qualify for charity care discounts due to a medically-based catastrophic event which has occurred in their life If a patient qualifies for this discount, he/she would only be held responsible for payment of his/her account up to 25% of their annual income For patient accounts which have been sent to collections, charity care is determined by Upper Valley Medical Center's professional collection agencies and is reported to the Medical Center on a monthly basis Upon determination by the agencies of charity care, the account is closed with the agency and returned to the Medical Center, where it is written off to charity care The professional collection agencies follow the Medical Center's guidelines for determining charity care
SUPPLEMENTAL INFORMATION	Part V, Section B	As permitted, section B has not been completed for 2010
SUPPLEMENTAL INFORMATION - Needs assessment	Part VI, Question 2	The primary purpose of the UVMC Community Benefit Plan is to work toward improved health in the communities that we serve by responding to community needs with programs that increase access to health care This is accomplished through identifying community needs, making prudent choices for the use of resources, building and strengthening relationships in the community, and demonstrating accountability and transparency UVMC works with the community on programs that address the underlying causes of persistent health problems, as part of a comprehensive strategy to improve the health status and quality of life for identified members of the community who are economically disadvantaged, disenfranchised and/or who have disproportionate unmet health needs UVMC strives to work with Premier Health Partners, the UVMC Board of Directors, executive management, managers, staff members, community groups, and individuals to provide a collaborative approach to the governance and management of community benefit activities
SUPPLEMENTAL INFORMATION - Patient education of eligibility for assistance	Part VI, Question 3	There are several ways in which Upper Valley Medical Center informs and educates patients who may be billed for services about their eligibility for assistance under federal, state, or local government programs or under the Medical Center's charity care policy First, notification of such available assistance is clearly posted in registration areas, as well as the maternity and emergency departments Next, patient financial advocates in the inpatient and emergency departments meet with uninsured and under-insured patients, as well as those with Medicare only coverage, to discuss eligibility for assistance Patient Financial Advocates also meet with uninsured and under-insured patients and those who have unpaid account balances, who are scheduled for large dollar procedures to discuss eligibility options Finally, when a patient receives a bill from Upper Valley Medical Center, the reverse side of the bill contains information about the State of Ohio Free Care Program (Care Assurance) Also included with that bill is another form which details all the financial assistance options available
SUPPLEMENTAL INFORMATION - Community information	Part VI, Question 4	Upper Valley Medical Center serves the northern Miami Valley area with acute care services, community health and wellness programs and more Upper Valley Medical Center is located in Miami County, Ohio and is the sole hospital system operating within the county The population of Upper Valley Medical Center's primary service area is approximately 130,000 people, with a recent growth rate of just slightly over 1% Including the adjacent counties which are also served (Shelby, Darke, and Champaign Counties), Upper Valley Medical Center's total primary and secondary service area population approaches 300,000 residents The overall service area is categorized as having relatively slow growth with an aging population, consistent with current trends throughout Ohio The median household income of Miami County and the surrounding area is slightly less than \$50,000 per year, with approximately 12% of its citizens living below the federal poverty level Approximately 49% of the hospital's gross revenues are generated from Medicare patients, while another 18% of the revenues are generated from either uninsured patients or Medicaid recipients The current unemployment rate of Miami County is approximately 11% Recent job growth has been negative
SUPPLEMENTAL INFORMATION - Promotion of Community Health	Part VI, Question 5	The primary exempt purpose of Upper Valley Medical Center is to provide comprehensive inpatient, outpatient and emergency health care services to the residents of Miami and surrounding counties The hospital furthers it tax-exempt purpose by promoting the health of the community in many ways A principal financial contribution to the community is the provision of acute health services to patients regardless of their ability to pay In addition to charity care services provided, Upper Valley Medical Center experienced bad debt expenses and also incurred costs from providing care for patients covered by government programs such as Medicare and Medicaid, where reimbursement is limited Upper Valley Medical Center also subsidizes an obstetrics clinic and a behavioral health clinic and provides a comprehensive continuum of psychiatric and chemical dependency programs These services are provided at a reduced cost or no cost for those who are uninsured or unable to pay Thousands of individuals throughout Miami and surrounding counties benefited from Upper Valley Medical Center's health-focused programs during 2010, including health fairs, screenings, immunizations, support groups and other services Many of these programs are free to the public or offered at a reduced price Free presentations are available to area civic, service and social groups, professional organizations, schools, churches, and industries through the UVMC speaker's bureau Speakers are available on a wide variety of medical/health care topics and are able to provide accurate up-to-date information to the community Upper Valley Medical Center's use of surplus funds includes the purchase of property, plant and equipment of over \$10 million Highlights include -Cancer Care Linear Accelerator -Power Plant and Infrastructure Upgrade -C-Arm Imaging Equipment -Patient Room Upgrades -Orthopedic Office -Information Systems Upgrades The UVMC board of directors consists of 19 members of the community The majority of the board members are neither employees nor contractors of the organization None of these board members receive compensation from the organization for services provided in the role of board member The Medical Center extends medical staff privileges to all qualified physicians in its community for the majority of its departments See Schedule O, Part III for more comprehensive details about how the Medical Center promotes the health of the community
SUPPLEMENTAL INFORMATION - Affiliated Health Care System	Part VI, Question 6	Upper Valley Medical Center is affiliated with Miami Valley Hospital, Good Samaritan Hospital, and Atrium Medical Center The agreement between the systems provides for the creation of Premier Health Partners (PHP), an Ohio non-profit corporation Each hospital system has the authority to determine the amounts it contributes to community building and other indigent programs
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	OH,

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Upper Valley Medical Center

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
31-0537095

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UVMC FOUNDATION 3130 N COUNTY ROAD 25A TROY, OH 45373	31-1581859	501(C)(3)	48,100				SCHOLARSHIP & GENERAL FUND
(2) AMERICAN CANCER SOCIETY 5555 FRANTZ ROAD DUBLIN, OH 43017	34-0726080	501(C)(3)	7,500				SPONSORSHIP MIAMI CO RELAY FOR LIFE
(3) EDISON FOUNDATION 1973 EDISON DRIVE PIQUA, OH 45356	31-1379781	501(C)(3)	5,500				EVENT SPONSORSHIP & GENERAL FUND
(4) Health Partners Free Clinic 1300 North County Rd 25A Troy, OH 45373	31-1596731	501(C)(3)	15,000				Operations
(5) Miami County Health District 510 W Water St Suite 130 Troy, OH 45373	31-6000055		5,286				Sponsorship
(6) Troy City Schools 151 Staunton Rd Troy, OH 45373	31-6000985		10,000				Equipment

2

Enter total number of section 501(c)(3) and government organizations

▶ 6

3

Enter total number of other organizations

▶

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Form 990, Schedule I, Part I, Line 2	Description of Organization's Procedures for Monitoring the Use of Grants	UPPER VALLEY MEDICAL CENTER MONITORS THE USE OF GRANT FUNDS IN THE UNITED STATES BY VERIFYING THAT THE ORGANIZATIONS REQUESTING ASSISTANCE ARE 501(C)(3) TAX EXEMPT ORGANIZATIONS THE GRANTS THAT ARE GIVEN ARE USUALLY SMALL IN NATURE AND LARGER ONES ARE APPROVED BY THE UVMC BOARD OF DIRECTORS THEY ARE USUALLY GIVEN FOR A SPECIFIC PURPOSE, SUCH AS ONGOING OPERATIONS OR A CAPITAL PROJECT, AND ARE RELATED TO HEALTHCARE IN THE COMMUNITY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
Upper Valley Medical Center

Employer identification number

31-0537095

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?	Yes	
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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		
5a	The organization?		No
5b	Any related organization?		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		
6a	The organization?	Yes	
6b	Any related organization?	Yes	
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Rowan R Nickol MD	(i)	0	0	0	0	0	0	0
	(ii)	277,503	50,527	1,725	2,450	15,418	347,623	0
(2) L Stewart Lowry MD	(i)	39,993	0	0	0	0	39,993	0
	(ii)	259,026	26,998	17,590	2,450	18,597	324,661	0
(3) Michael J Maiberger	(i)	245,262	62,093	86,077	35,736	21,026	450,194	19,130
	(ii)	39,485	9,996	13,857	5,752	3,385	72,475	0
(4) Thomas Parker	(i)	198,131	44,215	18,695	37,576	17,838	316,455	0
	(ii)	0	0	0	0	0	0	0
(5) Timothy Snider	(i)	187,265	45,000	18,597	14,700	22,897	288,459	0
	(ii)	0	0	0	0	0	0	0
(6) Randal P Lennartz	(i)	0	0	0	0	0	0	0
	(ii)	0	0	183,934	0	0	183,934	0
(7) Barbara Evert MD	(i)	224,054	52,800	46,286	14,700	15,159	352,999	0
	(ii)	0	0	0	0	0	0	0
(8) Judith Snyder	(i)	135,520	32,339	29,607	51,714	10,165	259,345	0
	(ii)	0	0	0	0	0	0	0
(9) Rececca Rice	(i)	139,192	32,120	23,512	50,042	7,396	252,262	0
	(ii)	0	0	0	0	0	0	0
(10) James Hurak	(i)	120,032	31,020	27,685	38,908	20,965	238,610	0
	(ii)	0	0	0	0	0	0	0
(11) Shakil Rahman MD	(i)	277,634	47,401	732	2,450	18,298	346,515	0
	(ii)	0	0	0	0	0	0	0
(12) Rafay Atiq MD	(i)	213,842	25,000	378	2,432	22,873	264,525	0
	(ii)	0	0	0	0	0	0	0
(13) William Watercutter	(i)	123,433	8,892	10,688	8,707	16,232	167,952	0
	(ii)	0	0	0	0	0	0	0
(14) Thomas Bigley	(i)	131,786	9,257	1,876	8,714	9,912	161,545	0
	(ii)	0	0	0	0	0	0	0
(15) William Smith PhD	(i)	108,849	0	13,157	20,862	17,496	160,364	0
	(ii)	0	0	0	0	0	0	0
(16)								

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
SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SCHEDULE J, PART I, LINE 4A	The individual that received severance payments for 2010 is Randal Lennartz - \$183,934.48. Severance payments were determined according to his employment contract.
PARTICIPANTS IN NONQUALIFIED RETIREMENT PLANS	SCHEDULE J, PART I, LINE 4B	Due to restrictions imposed by the Internal Revenue Code, certain persons are limited in the amount of benefit that can be earned under a qualified retirement plan. Like many employers, UVMC Management Corporation (related organization) compensates for this limitation and supplements the affected executives' qualified pension through certain nonqualified plans. UVMC Management Corporation supplements through a Supplemental Employee Retirement Plan (The UVMC Supplemental Executive Retirement Plan or "SERP"). The benefits under the SERP are subject to multi-year vesting and a participant can forfeit benefits earned if vesting requirements are not satisfied. The SERP is a non-qualified deferred compensation plan subject to the requirements of the Internal Revenue Code Section 409A. The 2010 Participant in the SERP with a vested amount is Michael Maiberger, and his vested amount of SERP for 2010 is \$19,130.48. Additionally, the 451 Deferred Compensation Plan is offered to a select group of key management or highly compensated employees. This plan is intended to be a nonqualified deferred compensation arrangement which complies with the requirements of the Internal Revenue Code Section 409A. This plan is funded solely by the plan participants and maintained by a related organization. The 2010 participant is Michael Maiberger. The amount of his deferral under the Plan for 2010 is \$41,422.25.
Compensation Contingent on Net Earnings	Schedule J, Part I, Lines 6a & 6b	Premier Health Partners (PHP), of which Upper Valley Medical Center is a part, has an incentive component for all executive and director level employees that ties a portion of their total compensation to organizational and individual objectives and outcomes. The incentive payout is computed based on a percentage of the employee's salary. The organizational criterion is weighted according to balanced scorecard categories: positive work environment (15%), quality (30%), customer satisfaction (25%), financial (20%), and major initiatives (10%). The financial category of the scorecard is based upon net earnings of the individual hospital and the net earnings of the system as a whole. This financial target is set based on the margin required to maintain the system AA credit rating. Vice Presidents and above incentive objectives are weighted 50% on organizational criteria and 50% on individual criteria. Directors are weighted 25% on organizational criteria and 75% on individual criteria.

Schedule K (Form 990)	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	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization Upper Valley Medical Center										Employer identification number 31-0537095		

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Miami Ohio	31-6000055	593328EV5	06-29-2006	57,502,248	see schedule part V		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	3,855,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	59,635,389							
4	Gross proceeds in reserve funds	5,374,550							
5	Capitalized interest from proceeds	153,212							
6	Proceeds in refunding escrow	0							
7	Issuance costs from proceeds	663,253							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	19,591,181							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2009							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 100 %							
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	0 200 %							
6	Total of lines 4 and 5	0 300 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		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						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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							
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SEE SCHEDULE O		

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Upper Valley Medical Center

Employer identification number
31-0537095

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) DANIEL BAILEY DPM LINE OF CREDIT		X	4,800	1,731		No	Yes		Yes	
(2) DIGESTIVE SPECIALTY LINE OF CREDIT		X	52,847	43,446		No	Yes		Yes	
Total ▶	\$ 45,177									

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Digestive Specialty Care	>35% OWNED-ABBOUD (FORM)	300,000	GASTROENTEROLOGY SERVICES		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Upper Valley Medical Center	Employer identification number 31-0537095
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Identifier	Return Reference	Explanation
MISSION STATEMENT	PART III, LINE 1	Upper Valley Medical Center, as a subsidiary of UVMC, serves as an integral part in achieving UVMC's mission UVMC will strive to provide quality care that upholds the dignity of all individuals Care will be given in a holistic manner without regard to race, religion, creed, national origin or social status Our health care delivery system will be structured to optimize the delivery of safe, efficient and cost-effective health care

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	<p>Upper Valley Medical Center (UVMC) was founded in 1986 as the umbrella corporation for the merger of Miami County's three hospitals that had operated as independent and competitive entities located within a 10-mile radius. In 1998, acute care services were consolidated into a centrally located facility. Currently, the hospital is licensed for 139 acute care beds and 39 behavioral health beds. UVMC's vision is committed to preserving long-term access to quality health care services for Miami County and the surrounding area. Quality customer service is a priority at UVMC. Our culture is defined by "Caring Plus" which is UVMC's commitment to quality, kindness and compassion for our patients, their families, visitors, physicians, and co-workers. In 2010, UVMC began the process of implementing AIDET -- a powerful, proven communication tool designed to reinforce our Caring Plus customer service. AIDET is an acronym that represents how we can gain trust and communicate with patients who are nervous, anxious and feeling vulnerable about their illness by remembering these keys: Acknowledge, Introduce, Duration, Explanation and Thank-you. In January 2009, a joint operating agreement was implemented in which Upper Valley Medical Center became a part of the Premier Health Partners (PHP), a comprehensive health system serving southwestern Ohio through member and affiliate organizations in seven counties. The association with PHP, a not-for-profit corporation, allows for more flexibility in accessing specialty services not provided locally. It also gives local residents more access to community health services, such as expanded wellness programs provided in conjunction with Premier Community Health and the CareFinders physician referral network. Upper Valley Medical Center is a member of PHP along with three other hospitals: Miami Valley Hospital, Good Samaritan Hospital, and Atrium Medical Center. Each hospital has the authority to determine the amounts it contributes to community building and other indigent programs. The policies for bad debts and charity collections are established by PHP. The hospital was granted tax exempt status as a hospital in February of 1935.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	<p>The primary exempt purpose of Upper Valley Medical Center is to provide comprehensive inpatient, outpatient and emergency health care services to the residents of Miami and surrounding counties. The hospital furthers its tax-exempt purpose by promoting the health of the community in many ways. Upper Valley Medical Center, as a subsidiary of UVMC, serves as an integral part in achieving UVMC's mission. UVMC will strive to provide quality care that upholds the dignity of all individuals. Care will be given in a holistic manner without regard to race, religion, creed, national origin or social status. Our health care delivery system will be structured to optimize the delivery of safe, efficient and cost-effective health care. A principal financial contribution that Upper Valley Medical Center makes to the community is its provision of acute health care services to patients regardless of their ability to pay. The hospital operates a 24-hour emergency room 365 days per year that is open to all individuals. It also participates in government-sponsored health care programs such as Medicare, Medicaid, TRICARE, and has an active charity care program. The board of Directors for Upper Valley Medical Center consists of 19 members of the community. The majority of them are neither employees nor contractors of the organization. None of the board members receive compensation from the organization for services provided in the role as a board member. The Medical Center extends medical staff privileges to all qualified physicians in its community for the majority of its departments. The medical staff consists of 218 physicians and the health system continues to actively recruit new doctors to Miami County in important primary and specialty areas of medicine. In 2010, UVMC successfully recruited new physicians in the areas of cardiology, gastroenterology, neuroradiology, orthopedic surgery/sports medicine, internal medicine, and family practice/hospitalists.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	<p>COMMUNITY BENEFIT APPROACH Upper Valley Medical Center is located between Troy and Piqua, Ohio and serves the northern Miami Valley area with acute care services, community health and wellness programs and more. It is the sole hospital system operating within Miami County. The hospital also offers easy access to quality care by providing outpatient services throughout the Miami County area. Satellite locations provide Laboratory, Radiology, Surgical, Sports Medicine, Occupational Health, Dialysis, and Rehabilitative services. In addition, Upper Valley Medical Center provides Home Health/Home Care visits to community residents in their homes, where the greatest possible individual freedom and dignity are maintained.</p> <p>2010 operating statistics for Upper Valley Medical Center follow:</p> <ul style="list-style-type: none"> Patient Days -Acute Care (Excluding New borns) 28,776 -Behavioral Health 8,635 Other Volume Indicators - Laboratory Tests 552,664 -Radiology/Imaging Exams 111,453 -Cardiopulmonary Procedures 100,823 -Rehabilitation Services Visits 50,410 -Emergency Room Visits 40,929 -Occupational Health Procedures 34,708 -Cancer Care Visits 13,036 -Home Care Services Visits 16,928 -Dialysis Treatments 11,995 -Outpatient Surgeries 8,189 -Inpatient Surgeries 1,788 -Behavioral Health Outpatient Visits 9,089 -Births 757 <p>The population of Upper Valley Medical Center's primary service area is approximately 130,000. Including the adjacent counties which are also served (Shelby, Darke, and Champaign Counties), the hospital's total primary and secondary service area population approaches 300,000 residents. Approximately 49% of the hospital's gross revenues are generated from Medicare patients, while another 18% of the revenues are generated from either uninsured patients or Medicaid recipients.</p> <p>The primary purpose of the UVMC Community Benefit Plan is to work toward improved health in the communities that we serve by responding to community needs with programs that increase access to health care. This is accomplished through identifying community needs, making prudent choices for the use of resources, building and strengthening relationships in the community, and demonstrating accountability and transparency.</p> <p>UVMC works with the community on programs that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve the health status and quality of life for members of the community who may be economically disadvantaged, disenfranchised and/or have disproportionate unmet health needs.</p> <p>UVMC strives to work with Premier Health Partners, the UVMC Board of Directors, executive management, managers, staff members, community groups, and individuals to provide a collaborative approach to the governance and management of community benefit activities.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	<p>As a member of Premier Health Partners, Upper Valley Medical Center is committed to improving health care in the community, and being a good corporate neighbor in Miami County. The hospital focuses on four main aspects - Investing in the Community - UVMC invests time and resources into the community by providing health screenings, health fairs, immunization clinics and support groups. By doing so, UVMC has invested in the community by providing over 3,500 screenings and benefited thousands of individuals in seeking health care education, services and support. In February, the hospital, along with Premier Community Health, held its second Heart Health event that provided important health tests and wellness information. In November, more than 300 people attended the UVMC Health Symposium focusing on diabetes management and prevention. These health education and wellness initiatives were provided free of charge and were open to the public. - Prevention and Wellness - UVMC is dedicated to educating the citizens of Miami County about health issues as well as providing resources to build a healthier community. UVMC continued to partner with Edison Community College to host its HealthWise Outdoor Fitness Center on the Edison campus in Piqua. The unique exercise fitness facility is free and open to the public. UVMC also hosts a free LifeClinic self-monitoring station at Edison to provide quick and easy measurement of blood pressure, heart rate, weight and body mass along with information regarding hypertension and other medical conditions. A total of 5,142 screenings were provided in 2010. - Commitment to the under-served - UVMC has programs that assist the needs of those with minimal or no insurance. Charity care was provided by UVMC, along with a host of community health outreach programs that go beyond traditional medical care. UVMC also provides a local charity care program to help uninsured and under-insured Miami County patients who do not qualify for other assistance. - Community Engagement - UVMC prides itself on being an active member of the Miami County community. UVMC continued to partner with Edison Community College with support of the Health Sciences Center expansion, which accommodates important nursing and allied health programs. The hospital contributed another \$120,000 towards its pledge for this program. In addition, the UVMC Auxiliary donated \$23,000 to a scholarship fund that benefited 19 local students pursuing an associate or bachelor's degree in a health care related field. The Auxiliary also contributed \$20,000 towards a permanently restricted scholarship fund. UVMC served as a learning site for four "Project Search" interns from Miami and Shelby counties. The "Project Search" high school transition program is designed to provide training and education on the road to employment for individuals with disabilities. This is a collaborative program with Upper Valley JVS, The Miami and Shelby Counties Boards of Developmental Disabilities and the state Bureau of Vocational Rehabilitation. UNCOMPENSATED CARE - Upper Valley Medical Center provides a significant amount of free care during the year. The cost of charity care provided by the organization in 2010 was \$6.7 million. The hospital also incurred \$3.0 million in unreimbursed costs for services provided to Medicaid patients, which represented approximately 18 percent of the patients served. The cost of providing services to Medicaid patients is often greater than the payments received from the Medicaid program. Upper Valley Medical Center informs and educates patients who may be billed for services concerning their eligibility for assistance under federal, state, or local government programs or under the Medical Center's charity care policy. First, notification of such available assistance is clearly posted in all registration areas, as well as the maternity and emergency departments. Next, patient financial advocates in the inpatient and emergency departments meet with uninsured and underinsured to discuss eligibility for assistance. Advocates also meet with uninsured patients and those who have unpaid account balances, who are scheduled for large dollar procedures to discuss eligibility options. Finally, when a patient receives a bill from Upper Valley Medical Center, the reverse side of the bill contains information about the State of Ohio Free Care Program (Care Assurance). Also included with that bill is another form which details the financial assistance options available.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	PART III, LINE 4A	<p>COMMUNITY OUTREACH FOR THE BROADER COMMUNITY - Thousands of individuals throughout Miami and surrounding counties benefited from Upper Valley Medical Center's health-focused programs during 2010, such as health fairs, screenings, immunizations, support groups and other services. Many of these programs are free to the public or offered at a reduced price. Free presentations are available to area civic, service and social groups, professional organizations, schools, churches, and industries through the UVMC speaker's bureau. Speakers are available on a wide variety of medical/healthcare topics and are able to provide accurate, up-to-date information to the community. Members of the leadership team began conducting administrative patient rounds in 2010. The purpose of Patient Rounds is to directly interact with patients and to listen to their comments about services. The goals of the program are to increase visibility and access for the patient, to respond quickly to any identified concerns, and to openly demonstrate to our patients our leadership's commitment to high levels of patient satisfaction, safety and quality outcomes. Upper Valley Medical Center subsidizes the outpatient services for Behavioral Health. It provides traditional, private outpatient therapy and medication management for adults, adolescents and children. Clients include those who either have no insurance or qualify for Medicaid services. In addition, the Tri-County Crisis Center is located on the main campus of UVMC, and provides all levels of emergency intervention/assessment services 24 hours a day. These are part of Upper Valley Medical Center's commitment to provide a cost effective continuum of mental health services. The net community benefit expense for 2010 was \$295,000 for this service. Also included in subsidized health services are revenues and expenses related to an obstetrics clinic which is subsidized by both the Miami County Health Department and Upper Valley Medical Center. The obstetrics clinic serves the prenatal, delivery and postnatal medical needs of women in the hospital's Miami County service area who either have no medical insurance or qualify for Medicaid services. The net community benefit expense for 2010 was \$65,000 for this service. Nearly 300 people took time to visit the first "Go Red Goes North" expo at Edison Community College in September. The event was presented by UVMC in conjunction with the American Heart Association's "Go Red" initiatives focused on promoting women's heart health. UVMC provided a Cardiology question and answer panel, which included two cardiologists and a certified nurse practitioner. In addition, they provided free health screenings, fitness/nutritional counseling and informational handouts. UVMC increased support of the local "Health Partners" Free Clinic in the form of a \$10,000 contribution as part of both organizations' common mission to assure access to needed health care services in our communities. More than 250 people attended the annual Bill and Ruth McGraw Cancer Awareness Symposium in June. Bruce Feiler, a New York Times best-selling author, talked of his cancer journey and the Council of Dads concept. When Feiler was diagnosed with cancer in 2008, the father of two young girls was worried what his death might mean to them. To ensure there were connections as his daughters moved through passages of their lives, he asked six men who had been associated with his life to act as a "Council of Dads" and be present for the girls during those passages. Although his daughters many never need the Council of Dads, the concept has already had an impact on their lives of others by inspiring them to reach out to friends in a new way. The symposium was sponsored by the UVMC Cancer Care Center and the UVMC Foundation along with contributions from the McGraw family. The event was free and open to the public. The Nutrition Services department encompasses all components of food production for patient meals, cafeteria services, vending foods and internal catering. The clinical team of dietitians and diet technicians accommodate inpatient and outpatient as well as community nutrition therapy and education. Nutrition Services also prepares meals in the Altrusa Mobile Meals and Piqua Meals on Wheels programs. The number of meals prepared was 15,983 and 13,978 respectively. The subsidy to these programs was over \$10,000. People of different ages have the opportunity to contribute their time and skills to various departments within the hospital such as the gift shop, emergency services, escort services, surgical services, chaplaincy, reception, etc. During 2010, 180 UVMC volunteers provided 30,815 hours of service throughout the hospital system. These volunteers generously give of their time to perform services that benefit our patients, visitors, and staff. The UVMC Auxiliary also sponsors an important community program called Lifeline, a low-cost medical alert service designed to reduce the risk of living alone. Lifeline began in 1985 with 25 clients and now serves over 500 clients in a seven county area. The hospital offers this program office and storage space. The Department of Pastoral Care has staff chaplains and community clergy volunteers who provide spiritual care at all UVMC facilities 24 hours a day. In addition, nondenominational worship services are provided for patients, their family members, visitors, and staff. There is no fee to patients for the services that the UVMC Pastoral Care staff provides. Teams from UVMC participated in the Miami County Relay for Life held in May. The event celebrates cancer survivorship, helps increase awareness of cancer prevention and treatment, and raises funds for important cancer research and programs. UVMC Center for Sports Medicine offers many services and special programs throughout the year to the community. In February, it held a Symposium "Upper Extremity Injury Management and Sports Performance" at a local college. Sportsmetrics Knee Injury Reduction Program is designed to reduce the risk of injury and enhance performance for female athletes. Also offered was Explosive Speed & Power for local athletes that want to improve speed, agility, vertical jump, strength, and flexibility. The caring professionals of Upper Valley Medical Center have shown their commitment to the needs of the community through the annual United Way Fund campaign for many years. Employees demonstrate their commitment to the community by contributing to the local chapters of the United Way Fund in order to benefit the many important services provided by local agencies. The 2010 fund drive brought in nearly \$19,000 in contributions. The Caring Plus Holiday Food Drive collected 387 food items for this annual event. Items were donated to the Bethany Center in Piqua and St. Patrick Soup Kitchen in Troy. The hospital offers interpreters, at no cost to the patient, to serve hearing-impaired or non-English speaking patients.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICES	Part III, Line 4a	<p>EDUCATION - Both the Ohio Board of Nursing and the Ohio Counselor/Social Worker Board approved Upper Valley Medical Center as a provider of continuing education credits. This distinction enables the Education and Development Department to meet its responsibility to assist in the maintenance and improvement of healthcare education. This is significant for those in search of opportunities to maintain and improve their professional skills and fulfill educational needs and requirements. The department coordinates education programs, provides resources and satellite teleconferences, and provides continuing education credits for a variety of disciplines. The scope of the department's services includes coordination of Advanced Cardiac Life Support Education Fair Continuing Education In-Services CPR Nursing Orientation Education on managing diabetes is available for inpatients and outpatients who have the disease. This department also teaches community diabetes classes and coordinates a support group. The subsidy for offering all of the above programs was \$346,000 in 2010. The Health Sciences Library, located on the Lower Level, is open to the public during normal business hours, or by making special arrangements with the librarian. A Health Education Center, adjacent to the Library, offers educational materials to help promote wellness and understanding about diseases. Information is available via computer, videos, and pamphlets. The subsidy for offering this service was \$63,000. EMS Education provides initial training and continuing education that local EMS providers require. First Responder is a 40-hour program designed to fit the needs of those who are often "first-on-the-scene", such as police officers and industrial health personnel. A 130-hour class provides the foundation for pre-hospital care for a basic Emergency Medical Technician. Refresher classes are also offered for EMS levels. This program was subsidized by the hospital in the amount of \$69,000 in 2010.</p> <p>RESEARCH PROGRAMS - Participation in National Cancer Institute sponsored clinical trials is an option available to cancer patients at UVMC through the Dayton Clinical Oncology Program (DCOP). All of the clinical trials are reviewed by an Institutional Review Board from Wright State University. Clinical Trials are designed to answer questions regarding new ways to prevent, detect, diagnose, and treat cancer. The mission of DCOP is "to reduce cancer incidence and mortality through improved treatment and prevention by offering national state-of-the-art cancer research to the local communities." There are different phases of clinical trials, but UVMC participates in Phase II & Phase III trials. Phase II trials study the effectiveness of the drugs on the cancer and measure any side effects of the treatments being tested. Phase III trials compare the results of the new treatment regimen with the current standard of care. Patients on cancer clinical trials are monitored closely and kept informed of any changes. The trials are scrutinized for patient safety and ensure the patient is constantly informed and knowledgeable regarding treatment decisions.</p> <p>AWARDS AND RECOGNITION - Upper Valley Medical Center (UVMC) has received many awards and recognitions that demonstrate our commitment to excellence, to our patients, and to our employees. - UVMC's Rehabilitation Services completed a two-day CARF (Commission on Accreditation of Rehabilitation Facilities) survey in May with no recommendations. This was the first time the three surveyors, in the approximately 20 years of surveying, have provided no recommendations. - Emergency Medical Services (EMS) Education Department received a new three-year accreditation from the State of Ohio Department of Public Safety, division of Emergency Medical Services. Noted program strengths were the high passing rate for students taking the National Registry Exam for the first time and having a hospital-based program that facilitates access for student clinical time. The administrative support of the program and the organization's ability to provide community oriented services were also praised. -UVMC Occupational Health and Employee Health programs received high praise on an ISO 9001-2008 survey. The survey cited outstanding and noteworthy improvements from year to year with regard to improved workflow, clinic flow efficiency for patients and staff, exceeding customer expectations, and incorporation and development of best practices. ISO 9001-2008 is an internationally recognized set of quality standards used extensively in business/industry. -The Emergency Department received special recognition from Press Ganey for outstanding improvement in overall satisfaction scores. Other areas receiving recognition on either in-house or Press Ganey surveys were several Inpatient Nursing units, Adult Behavioral Health, Outpatient Behavioral Health, Cancer Care Center, Laboratory, Occupational Health, and Inpatient Rehabilitation. - The UVMC Home Care Services received the 2010 HomeCare Elite Top 500 award that recognizes the top 5% of home health agencies in the country. The study is based on publicly available information on quality, improvement and financial performance. - The Renal Network recognized UVMC Dialysis for Fistula rates that are equal to or greater than 66% which is the Fistula First Program's goal. The rate for July was 71% which was a UVMC record as well as the Renal Network record. The Fistula First Program, consisting of the Centers for Medicare & Medicaid Services (CMS), ESRD Networks and the entire renal community, works together to ensure that every suitable patient receives the most optimal form of vascular access. This quality outcome focuses on reducing catheter use, vascular complications, and infection rates.</p> <p>GROWTH AND ENHANCEMENTS - Upper Valley Medical Center invested over \$10 million in important technological advancements to enhance the range of services offered. Highlights include Cancer Care Linear Accelerator Power Plant and Infrastructure Upgrade C-Arm Imaging Equipment Patient Room Upgrades Information Systems Upgrades Imaging Services Voice Recognition System.</p>

Identifier	Return Reference	Explanation
DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?	PART VI, QUESTION 6	Upper Valley Medical Center has two members. One member is UVMC, the parent company of the hospital. The second member is Premier Health Partners, an Ohio nonprofit corporation, formed pursuant to the Joint Operating Agreement. UVMC has the sole authority to elect the Board of Trustees of the corporation. Premier Health Partners has the general authority to operate and manage the operations of the Premier Health Partners activities of the corporation.

Identifier	Return Reference	Explanation
MEMBERS/STOCKHOLDERS WHO MAY ELECT GOVERNING BODY MEMBERS	PART VI, QUESTION 7A	UVMC has the sole authority to elect the board of trustees for Upper Valley Medical Center (hospital) UVMC has the authority to remove trustees at any regular or special board meeting or by w ritten consent In addition to removal by UVMC, a trustee may be removed from office w ith approval by UVMC, by the affirmative vote of not less than tw o-thirds of the entire board of trustees Premier Health Partners (PHP) has the right to request that UVMC remove a trustee of the corporation if PHP has determined that such trustee is frustrating the goals and purposes of the Premier Health Partners netw ork Such request shall not be unreasonably refused by UVMC

Identifier	Return Reference	Explanation
APPROVAL OF GOVERNING BODY DECISIONS	PART VI, QUESTION 7B	Premier Health Partners (PHP) develops and oversees the implementation of the strategic plan for Upper Valley Medical Center (hospital), which addresses such matters as location of clinical and administrative services and the consolidation of such services. Hospital shall comply with and implement this plan and shall not take any action that materially departs from this plan without PHP approval. Hospital develops and submits an annual capital and operating budget to PHP for approval. Hospital shall adopt and implement the capital and operating budget so approved and/or revised for it by PHP. Hospital periodically develops and submits a business plan to PHP for approval. Hospital shall implement the business plan approved by PHP. PHP is the sole agent to negotiate all relationships with payors on behalf of hospital with all third party payors and alternative delivery systems including, but not limited to insurers. Hospital must have approval from PHP to borrow in any fiscal year, guarantee in any year, or incur any lien or other encumbrance on any property in an amount equal to or greater than \$500,000. Hospital must seek PHP approval for any acquisitions, sale or transfer of any material asset used in PHP activities.

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	PART VI, SECTION B, LINE 11B	<p>The 990 tax return and attached schedules are prepared by staff members of the UVMC Finance department. Draft returns are reviewed by the Budget and Reimbursement Manager, Controller and Chief Financial Officer. After revisions are made, the draft returns are sent to Ernst & Young (E&Y) for review and evaluation. Review notes are made available by E&Y, changes are made, and then the returns are reviewed again by the finance management team. An electronic version of the return is provided to the UVMC Board of Directors at least one week prior to the board meeting. At that meeting, the Chief Financial Officer of UVMC presents detailed information on compensation and community benefits, as well as addresses questions from the board. The board then approves the return and associated schedules for filing. In addition, an electronic version is sent out at least one week prior to the Premier Health Partners (PHP) audit committee meeting. At the meeting, the Vice President/Controller of PHP shares detailed information on compensation and community benefits, as well as addresses any questions from the committee. The Audit Committee then approves the return and schedules for filing.</p>

Identifier	Return Reference	Explanation
CONFLICTS OF INTEREST PROCESS	PART VI, LINE 12C	<p>Premier Health Partners (PHP), of which Upper Valley Medical Center is included, requires all board members, officers, executives and management personnel to annually review the PHP Comprehensive Conflict of Interest Statement, an explanatory memorandum, the Antitrust Compliance Policy and complete an individual questionnaire disclosing any potential conflicts as defined in the Conflicts of Interest Policy. This is accomplished with a memo sent out annually from the Chairman of the Board and Chief Executive Officer of PHP to all board members, executive directors, management directors and above personnel, purchasing department staff and authorized purchasers. It also includes an explanatory memorandum of specific activities that might give cause to a conflict and an individual questionnaire to disclose all such activities. This questionnaire must be completed and signed by the individual. Last, this memo includes a copy of the Antitrust Compliance Policy that must be signed by the individual. All of these documents are sent to the Corporate Compliance Officer. The Corporate Compliance Department ensures all forms are returned and retains the documents for five years. In addition, at each meeting of the Board or any Board committee, following approval of the minutes, the Board Committee Chair shall request any board member who perceives a potential conflict of interest on any of the meeting's agenda items to disclose such conflict. Additionally, any Board or Board Committee meeting where the subject of conflicts of interest is discussed, the normally taken minutes shall contain the name of the party discussing a potential conflict of interest, the nature of the potential conflict of interest and whether a conflict of interest was found to exist. If a conflict of interest does exist, the board member will be excused from participating in any discussion or voting on the particular agenda item. The Corporate Compliance Officer reports the results of the PHP Conflicts of Interest questionnaires no less than annually to the Board of Trustees by way of the Compliance and Audit Committee. This review is documented in the minutes of the meeting. Periodically, the Internal Audit department will review a sample of completed Conflict of Interest questionnaires and report the results to the Compliance and Audit Committee. The annual conflicts of interest questionnaires are summarized by person in a word document and sent electronically to the Finance department for any necessary disclosures required on the 990 tax return.</p>

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	PART VI, SECTION B, LINE 15A & 15B	<p>Premier Health Partners, of which UVMC is a part, follows a market-based compensation philosophy designed to attract and retain the executive talent required to meet the high performance standards of our board and our community. PHP annually reviews executive compensation survey data for a regional peer group of systems and hospitals that are similar in size and complexity to PHP and its subsidiaries. The data for the survey is provided by a third party consultant group that is independent of PHP. The report includes comparability for key executives, vice presidents and director level positions. The independent comparability data is reviewed by the executive compensation committee on an annual basis. This committee is comprised of three members, all of which are independent. This committee reviews in detail the compensation for the PHP CEO, PHP CFO and the hospital CEOs. Other positions are reviewed at a high level for reasonableness. All the meeting minutes are documented and kept on file along with any comparability data and the consultant report. After the compensation committee reviews and approves the compensation actions, the process is audited by the internal audit department. The executive compensation committee presents the compensation actions to the PHP board annually.</p>

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	PART VI, LINE 19	The governing documents, conflict of interest policy, and financial statements are made available to the public w hen required by law or for accreditation purposes

Identifier	Return Reference	Explanation
Other Changes in Net Assets	Part XI, Line 5	Change in Foundation General Funds 1,032,293 Unrealized Gain/(Loss) on Investments 520,494 Pension Adjustment 366,508 Change in Foundation Restricted Funds 261,886 Change in Foundation Endow ment Funds 148,701 Change in Temporarily Restricted Funds (277) Amortization of Investment Premiums/Discounts (373,373) Net Transfer w ith Affiliates (4,032,645) Total (2,076,413)

Identifier	Return Reference	Explanation
PURPOSE OF BOND	Schedule K, Part I, Line A, Column F	The bond issue of 6/29/2006 w as used to refund the 1996 Series Bonds and to provide capital for hospital improvements and equipment purchases

Identifier	Return Reference	Explanation
FILINGS FOR ARBITRAGE PURPOSES	Schedule K, Part IV, Line 1	The Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate for the Series 2006 Bonds will be filed after a normal 5 year review in 2011

Identifier	Return Reference	Explanation
GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD	Schedule K, Part IV, Line 5	<p>On June 1, 2006, Upper Valley Medical Center issued \$56,130,000 of Hospital Facilities Revenue Refunding and Improvement Bonds Series 2006 for the purpose of financing the acquisition, construction, renovation and installation of Hospital Facilities (approximately \$17M) and for refunding the current 1996A, B & C issues (approximately \$39M) The bond series included funding a debt service reserve for the Series 2006 Bonds and paying certain issuance costs in connection with the Series 2006 Bonds By the end of July, 2006, the Series 1996 A, B & C were refunded At the time of the issuance, it was expected that the approximately \$17M intended for the acquisition, construction, renovation and installation of Hospital Facilities would be fully expended by May 15, 2008 Of the \$17M, \$13.2M was intended for a building expansion for Medical/Surgical and Behavioral Health Units to the existing acute care hospital facility The remaining \$4.25M was earmarked for certain specified capital equipment purchases After the bond issuance in 2006, as Upper Valley Medical Center began to prepare and plan for the expansion, market conditions changed Management and the Board of Directors of Upper Valley Medical Center made the decision to re-evaluate the need for the expansion to the existing acute care facility Upon further analysis, it was determined that the Medical/Surgical expansion would not be a prudent business decision and that the Behavioral Health Unit could be accomplished through an addition and renovation of the existing Youth Services Building on a much smaller scale and at a much lower cost On October 29, 2007, the board approved a revised plan to spend approximately \$5.5M of the original \$13.2M to renovate and expand the Youth Services Building for Behavioral Health Services The remaining \$7.7M would then be used for other capital acquisitions Between September 2006 and November 2009, all of the \$17M and the interest earned thereon, was spent on capital acquisitions, construction, renovation and installation of Hospital Facilities</p>

Identifier	Return Reference	Explanation
Financial Statements	Part IV, Line 20b	Attaching a copy of the audited financial statements is only required under the tax law for tax years beginning after March 23, 2010. Upper Valley Medical Center's tax year began January 1, 2010, therefore it has not attached the audited financial statements to its 2010 Form 990.

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Row an R Nickol, M D TITLE First Vice Chair HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME L Stew art Low ry, M D TITLE Director HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Victoria O'Campo, M.D. TITLE Director HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael J Maiberger TITLE President/CEO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Parker TITLE Executive Vice President/COO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Timothy Snider TITLE Vice President/CFO HOURS 3

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

2010

Open to Public Inspection

Name of the organization
Upper Valley Medical Center

Employer identification number
31-0537095

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) UVMC MANAGEMENT CORPORATION 3130 NORTH COUNTY ROAD 25A TROY, OH45373 31-1360489	MGT COMPANY	OH	UVMC	C CORP			
(2) After Hours Family Care Inc 31 Stanfield Rd Troy, OH45373 31-1269483	Health Care	OH	UVPC	C Corp			

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 31-0537095

Name: Upper Valley Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
UVMC 3130 NORTH COUNTY ROAD 25A TROY, OH45373 34-1850683	PARENT	OH	501(c)(3)	11, I	NA		
UVMC Foundation 3130 North County Road 25A Troy, OH45373 31-1581859	Foundation	OH	501(c)(3)	11, III-O	NA		
Miami County Mental Health Center 3130 North County Road 25A Troy, OH45373 26-0841036	MENTAL HEALTH	OH	501(c)(3)	9	UVMC		
Med-Terra Inc 3130 North County Road 25A Troy, OH45373 31-1232074	HOLDING CO	OH	501(c)(2)	N/A	UVMC		
Premier Health Partners 40 West Fourth Street Dayton, OH45402 31-1446699	JOA Parent	OH	501(c)(3)	11, I	NA		
Upper Valley Professional Corporation 3130 North County Road 25A Troy, OH45373 31-1400963	Health Care	OH	501(c)(3)	9	UVMC		
UVPC Specialists Inc 3130 North County Road 25A Troy, OH45373 20-3687536	Health Care	OH	501(c)(3)	9	UVPC		
UVMC NURSING CARE INC 3130 NORTH COUNTY ROAD 25A TROY, OH45373 31-1224064	NURSING HOME	OH	501(c)(3)	9	UVMC		

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Med-Terra Inc	a (i)	2,872	
(2)	Med-Terra Inc	a(iv)	1,280	
(3)	Med-Terra Inc	j	730,898	
(4)	Med-Terra Inc	o	214,466	
(5)	Med-Terra Inc	p	166,005	
(6)	Med-Terra Inc	r	492,025	
(7)	Miami County Mental Health Center	a(iv)	57,677	
(8)	Miami County Mental Health Center	l	142,145	
(9)	Miami County Mental Health Center	p	78,927	
(10)	Upper Valley Professional Corporation	a(iv)	16,000	
(11)	Upper Valley Professional Corporation	e	1,000,000	
(12)	Upper Valley Professional Corporation	p	467,588	
(13)	Upper Valley Professional Corporation	r	1,002,295	
(14)	UVMC Management Corporation	l	649,504	
(15)	UVMC Nursing Care Inc	p	56,879	
(16)	UVPC Specialists Inc	l	133,167	
(17)	UVPC Specialists Inc	p	89,096	
(18)	Upper Valley Professional Corp	q	3,484,822	
(19)	Miami County Mental Health Center	b	605,445	

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return Upper Valley Medical Center	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 31-0537095
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	8,310
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	8,767
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25			
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 31-0537095

Name: Upper Valley Medical Center

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			
Douglas R Murray Chair	5	X						0	0	0
Rowan R Nickol MD First Vice Chair	5	X						0	329,755	17,868
Craig C Bundschuh Second Vice Chair/Secretary	5	X						0	0	0
Cliff R Alexander Director	5	X						0	0	0
Arthur R Disbrow Director	5	X						0	0	0
Ronald R Fox Director	5	X						0	0	0
Daniel P French Director	5	X						0	0	0
Gail Haddad RN Director	5	X						0	0	0
R Douglas Haines Director	5	X						0	0	0
L Stewart Lowry MD Director	5	X						39,993	303,614	21,047
William E Lukens Director	5	X						0	0	0
Peter E Nims MD Director	5	X						0	0	0
Victoria O'Campo MD Director	10	X						30,528	0	0
James Pancoast Director	5	X						0	0	0
Michael R Tinkler DDS Director	5	X						0	0	0
W Ray Wagoner Director	5	X						0	0	0
Joel H Walker Director	5	X						0	0	0
Mary Patricia Wampler RN Director	5	X						0	0	0
Michael J Maiberger President/CEO	37.5	X		X				393,432	63,338	65,599
Thomas Parker Executive Vice President/COO	37.5			X				261,041	0	55,414
Timothy Snider Vice President/CFO	37.5			X				250,862	0	37,597
Barbara Evert MD Vice President	40.0				X			323,140	0	29,859
Judith Snyder Vice President	40.0				X			197,466	0	61,879
Rebecca Rice Vice President	40.0				X			194,824	0	57,438
James Hurak Vice President	40.0				X			178,737	0	59,873

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			
Shakil Rahman MD Physician	40 0					X		325,767	0	20,748
Rafay Atiq MD Physician	40 0					X		239,220	0	25,305
William Watercutter Director of IT	40 0					X		143,013	0	24,939
Thomas Bigley Director of Pharmacy	40 0					X		142,919	0	18,626
William Smith PhD Psychologist	40 0					X		122,006	0	38,358
Randal P Lennartz Senior Vice President							X	0	183,934	0