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

TO OPERATE NONPROFIT HOSPITALS OR HOSPITAL FACILITIES, CLINICS, AND RELATED MEDICAL AND SURGICAL SERVICES BY PROVIDING SUCH SERVICES TO PERSONS THAT DO HAVE THE ABILITY TO PAY, AND TO THEREBY PROVIDE CHARITABLE MEDICAL, SURGICAL, AND HOSPITAL CARE FOR SICK, INJURED, AFFLICTED, INFIRM, DISABLED, OR DESTITUTE PERSONS THAT DO NOT HAVE THE ABILITY TO PAY

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

If "Yes," describe these changes on Schedule O

(Code	(Expenses \$	226,942,882	including grants of \$	8,805,187)	(Revenue \$	281,673,415)
4a	UNITED REGIONAL HEALTH CARE SYSTEM, A 325-BED HOSPITAL, PROMOTES THE HEALTH OF THE COMMUNITY BY PROVIDING A VARIETY OF HEALTH CARE SERVICES. IN ADDITION TO INPATIENT BEDS, THERE ARE 20 NEWBORN BASSINETTES AND 31 ER BEDS. IN 2010, INPATIENTS RECEIVED 62,879 PATIENT DAYS OF CARE AND 124,096 OUTPATIENT AND EMERGENCY OCCURRENCES OF SERVICE. ADDITIONAL PROGRAMS WHICH BENEFIT THE COMMUNITY INCLUDE RESIDENCY/HEALTH PROFESSIONS TRAINING. AT ANY ONE TIME, THERE MAY BE UP TO 24 RESIDENTS IN TRAINING AT UNITED REGIONAL HEALTH CARE SYSTEM. THEY ARE PART OF THE UNITED REGIONAL HEALTH CARE SYSTEM PROGRAM IN PARTNERSHIP WITH THE WICHITA FALLS FAMILY PRACTICE RESIDENCY PROGRAM (THROUGH AN AFFILIATION WITH THE SOUTHWESTERN SCHOOL OF MEDICINE). STUDENTS IN NURSING, PHARMACY, LABORATORY TECHNOLOGY, RADIOLOGY, RESPIRATORY THERAPY AND OTHER ASSOCIATED HEALTH SCIENCES PROFESSIONS ALSO STUDY HERE. PREVENTIVE CARE A PRIORITY. UNITED REGIONAL HEALTH CARE SYSTEM HAS TAKEN STEPS TO ENHANCE PREVENTIVE CARE FOR PEOPLE OF ALL AGES THROUGH THE DEVELOPMENT OF LOW COST SCREENING PROGRAMS, VACCINATION CLINICS AS WELL AS OTHER OUTREACH EDUCATION SERVICES. THESE SERVICES ARE PROVIDED THROUGH THE UNITED REGIONAL REFERENCE LAB BOTH FEE-FOR-SERVICE SCREENINGS AND FREE SCREENINGS AT COMMUNITY HEALTH FAIRS (CHOLESTEROL, PSA, TRIGLYCERIDES, ETC.). DESIGNATED TRAUMA CENTER. UNITED REGIONAL HEALTH CARE SYSTEM IS A DESIGNATED LEVEL 3 TRAUMA CENTER FOR THE REGION. IN 2010, 642 PATIENTS WERE SEEN AT UNITED REGIONAL CARE SYSTEM AND RECORDED IN OUR TRAUMA REGISTRY. UNITED REGIONAL HEALTH CARE SYSTEM'S EMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY/7 DAYS A WEEK MEETING THE NEEDS OF THE COMMUNITY WITH AN AVERAGE OF 192 VISITS PER DAY. COMMUNITY CONNECTIONS. UNITED REGIONAL HEALTH CARE SYSTEM REACHES OUT TO PEOPLE AND COMMUNITIES THROUGHOUT ITS PRIMARY SERVICE AREA IN NORTH CENTRAL TEXAS AND SOUTHERN OKLAHOMA. THROUGH COOPERATIVE AGREEMENTS WITH LOCAL GOVERNMENTS AND HOSPITALS, UNITED REGIONAL PROVIDES FUNDING FOR A NUMBER OF SERVICES. COMMUNITY EDUCATION. UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES THE FOLLOWING TYPES OF COMMUNITY EDUCATION. COMMUNITY EDUCATION SEMINARS WITH PRESENTATIONS BY PHYSICIANS ON HEALTH ISSUES AND TREATMENT OPTIONS, HEALTHY YOU NEWSLETTER, SENT TO APPROXIMATELY 30,000 HOUSEHOLDS, PROVIDING HEALTH PROMOTION AND DISEASE PREVENTION INFORMATION, AS WELL AS HOSPITAL SERVICES, 55-ADVANTAGE SENIOR PROGRAM, PROVIDING SPEAKERS ON A VARIETY OF HEALTH-RELATED TOPICS, AND PARTICIPATION IN A VARIOUS OF COMMUNITY HEALTH FAIRS AND EVENTS PROMOTING GENERAL HEALTH AND PROVIDING HEALTH SCREENINGS. CHARITY CARE. UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES MEDICAL CARE TO MEMBERS OF THE COMMUNITY REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE AT COST IN THE AMOUNT OF \$17,078,253 (FORM 990 SCHEDULE H COST) WAS PROVIDED IN THE CURRENT YEAR AND UNREIMBURSED COST OF PROVIDING MEANS TESTED PUBLIC HEALTHCARE PROGRAMS OF \$6,520,121. COMMUNITY BENEFITS. CLIENT ESTIMATES THE COST OF THE PROVISION OF ADDITIONAL COMMUNITY BENEFITS TO BE \$7,095,388 INCLUDING UNREIMBURSED COST OF EMERGENCY AND TRAUMA CARE \$ 2,997,339 UNREIMBURSED COST OF FREE STANDING CLINICS \$ 4,036,412. DONATIONS MADE BY THE HOSPITAL TO AREA CHARITABLE ORGANIZATIONS \$ 8,296,637. TOTAL \$15,330,388. SOURCE: 2010 ANNUAL STATEMENT OF COMMUNITY BENEFIT STANDARDS (STATE OF TEXAS MANDATORY REPORT).					

[illegible][illegible]

4e	Total program service expenses	\$ 226,942,882
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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)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	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).		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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	140
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2,001
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See 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	
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	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?		No
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
ROBERT M PERT
1600 ELEVENTH STREET
WICHITA FALLS, TX 76301
(940) 764-8253

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) 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			
(1) LEO LANE CHAIR	1.00	X		X				0	0	0
(2) DOYLE BENTLY PAST CHAIR	1.00	X		X				0	0	0
(3) BARBARA HANSON SECRETARY/TREASURER	1.00	X		X				0	0	0
(4) DR. PAUL BICE DIRECTOR	1.00	X						0	0	0
(5) MIKE ELYEA DIRECTOR	1.00	X						0	0	0
(6) CAROL GUNN DIRECTOR	1.00	X						0	0	0
(7) DOUG KUNKLE DIRECTOR	1.00	X						0	0	0
(8) DR. GARY OZIER DIRECTOR	1.00	X						26,000	0	0
(9) DR. ALI MOSHTAGHI DIRECTOR	1.00	X						0	0	0
(10) ANN POPEJOY DIRECTOR	1.00	X						0	0	0
(11) DR. KEVIN THOMAS DIRECTOR	1.00	X						113,967	0	0
(12) DR. HOWARD FARRELL DIRECTOR	1.00	X						0	0	0
(13) DON HAMLIN DIRECTOR	1.00	X						0	0	0
(14) DR. JOHN MARTINEZ DIRECTOR	1.00	X						0	0	0
(15) DR. ASHVINHUMAR PATEL DIRECTOR	1.00	X						0	0	0
(16) PHYLLIS COWLING PRESIDENT/CEO	40.00	X		X				558,482	0	66,121

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			
(17) ROBERT PERT CFO	40 00			X				320,770	0	35,897
(18) NANCY TOWNLEY COO	40 00			X				335,446	0	35,002
(19) DR JOHN SCOTT HOYER CMO	40 00			X				287,614	0	31,065
(20) PAMELA BRADSHAW VP NURSING	40 00			X				228,063	0	32,312
(21) STEPHANIE JO BROWN VP MARKETING	40 00			X				201,714	0	19,797
(22) RICHARD CARPENTER VP FACILITIES	40 00			X				201,971	0	30,285
(23) JERRY MARSHALL DIR INFORMATION SERVICES	40 00					X		141,762	0	30,263
(24) KIMBERLY STRINGFELLOW DIR EMERGENCY SERVICES DEP	40 00					X		125,666	0	27,895
(25) BRANDON OLINGER REGISTERED NURSE	40 00					X		130,736	0	8,871
(26) SHELLEY MOSER SENIOR DIR OF QUALITY & SAFETY	40 00					X		125,736	0	23,831
(27) KIMBERLY CHOATE REGISTERED NURSE	40 00					X		123,367	0	27,941
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,921,294	0	369,280

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 58

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPLETE RX LTD 3100 S GESSNER RD STE 640 HOUSTON, TX 77063	PHARMACY MANAGEMENT	15,988,991
ARAMARK SERVICES INC PO BOX 651009 CHARLOTTE, NC 28625	DIETARY SERVICES	4,400,704
CLINICAL PARTNERS PA PO BOX 4502 LONGVIEW, TX 75606	ANESTHESIOLOGY SERVICES	3,404,266
COGENT HEALTHCARE PO BOX 645037 CINCINNATI, OH 45264	HOSPITALIST/PHYSICIAN SERVICES	2,622,655
FULBRIGHT & JAWORSKI 2200 ROSS AVE STE 2800 DALLAS, TX 75201	LEGAL SERVICES	2,087,725

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 50

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	2,292,694			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶	2,292,694			
	Program Service Revenue	2a		Business Code		
		PATIENT SERVICE REVENUE	621110	281,172,900	281,172,900	
b		SUPPORTING REVENUE	900099	500,515	500,515	
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a–2f ▶	281,673,415			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) ▶		1,637,251	
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties ▶				
	6a	Gross Rents	(i) Real	(ii) Personal		
			350,211			
	b	Less rental expenses				
	c	Rental income or (loss)	350,211			
	d	Net rental income or (loss) ▶		350,211		350,211
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
				93,285		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)		93,285		
	d	Net gain or (loss) ▶		93,285		93,285
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities . . ▶				
10a	Gross sales of inventory, less returns and allowances a					
b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	LOSS ON 2003 BONDS	900099	-162,804		-162,804	
b						
c						
d	All other revenue					
e	Total. Add lines 11a–11d ▶		-162,804			
12	Total revenue. See Instructions ▶		285,884,052	281,673,415	0	1,917,943

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	8,805,187	8,805,187		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,591,320	1,200,953	1,390,367	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	129,697	129,697		
7	Other salaries and wages	90,929,168	78,748,500	12,180,668	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,593,441	2,329,867	263,574	
9	Other employee benefits	9,329,686	8,013,358	1,316,328	
10	Payroll taxes	6,094,857	5,193,019	901,838	
a	Fees for services (non-employees)				
	Management				
b	Legal	1,910,733		1,910,733	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	30,231,992	23,152,288	7,079,704	
12	Advertising and promotion	700,411	686,715	13,696	
13	Office expenses	51,817,208	49,614,736	2,202,472	
14	Information technology	131,153		131,153	
15	Royalties				
16	Occupancy	4,578,993	4,547,640	31,353	
17	Travel	606,916	347,485	259,431	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,917	16,598	48,319	
20	Interest	5,505,708	5,505,708		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,983,430	21,983,430		
23	Insurance	2,145,558	2,145,558		
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	BAD DEBT EXPENSE	14,519,081	14,519,081		
b					
c					
d					
e					
f	All other expenses	3,062	3,062		
25	Total functional expenses. Add lines 1 through 24f	254,672,518	226,942,882	27,729,636	0
26	Joint costs. Check here ☒ 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				1	
	2	Savings and temporary cash investments			40,591,505	2	52,394,796
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			10,426,466	4	10,226,096
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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				7	
	8	Inventories for sale or use			5,584,184	8	6,897,272
	9	Prepaid expenses and deferred charges			2,171,200	9	2,481,762
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	358,454,805	173,220,787	10c	170,232,791
	b	Less: accumulated depreciation	10b	188,222,014			
	11	Investments—publicly traded securities			159,342,049	11	169,965,527
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			31,190	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,596,131	15	20,047,276
16	Total assets. Add lines 1 through 15 (must equal line 34)			406,963,512	16	432,245,520	
Liabilities	17	Accounts payable and accrued expenses			34,996,344	17	34,890,957
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			111,339,492	20	94,722,844
	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			13,962,101	25	14,889,344
	26	Total liabilities. Add lines 17 through 25			160,297,937	26	144,503,145
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			246,665,575	27	287,742,375
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			246,665,575	33	287,742,375
34	Total liabilities and net assets/fund balances			406,963,512	34	432,245,520	

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	285,884,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,672,518
3	Revenue less expenses Subtract line 2 from line 1	3	31,211,534
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	246,665,575
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,865,266
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	287,742,375

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 UNITED REGIONAL HEALTH CARE SYSTEM INC	Employer identification number 75-1912147
--	--

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 section 501(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).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED REGIONAL HEALTH CARE SYSTEM INC

Employer identification number
75-1912147

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? YesNo	
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? YesNo	

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?

YesNo

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)?

YesNo

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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		10,332,769		10,332,769
b Buildings		165,656,054	65,753,252	99,902,802
c Leasehold improvements				
d Equipment		173,631,741	121,770,987	51,860,754
e Other		8,834,241	697,775	8,136,466
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				170,232,791

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	URHCS UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS ASSESSING THE LIKELIHOOD OF THESE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHROITIES, AS DEFINED BY THE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP) URHCS BELIEVES THAT THEY ARE COMPLIANT WITH ALL IRS TAX REGULATIONS AND AS OF DECEMBER 31, 2010 HAVE NOT RECORDED ANY UNRECOGNIZED TAX BENEFIT OR LIABILITIES FOR INCOME TAXES. URHCS WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX LIABILITIES IN INCOME TAX EXPENSE IF INCURRED. URHCS IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

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
UNITED REGIONAL HEALTH CARE SYSTEM INC

Employer identification number
75-1912147

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 ☒ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ 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 ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>175.000000000000 %</u> 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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ 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"?	Yes	
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?	Yes	
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?		No
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?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

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)			25,869,365	8,791,112	17,078,253	7 130 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			26,202,955	19,842,365	6,360,590	2 650 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			684,511	524,980	159,531	0 070 %
d Total Financial Assistance and Means-Tested Government Programs			52,756,831	29,158,457	23,598,374	9 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			630,047	630,495	-448	0 %
g Subsidized health services (from Worksheet 6)			14,673,901	7,640,150	7,033,751	2 940 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			8,296,637	0	8,296,637	3 460 %
j Total Other Benefits			23,600,585	8,270,645	15,329,940	6 400 %
k Total. Add lines 7d and 7j			76,357,416	37,429,102	38,928,314	16 250 %

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					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		925,356		925,356	0 390 %
9	Other					
10	Total		925,356		925,356	0 390 %

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		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,252,002	
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	325,200	
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	79,332,569	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	92,410,826	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-13,078,257	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

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

Schedule H (Form 990) 2010

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? 2

Name and address	Type of Facility (Describe)
1 WICHITA FALLS ENDOSCOPY CENTER 1500 TENTH STREET WICHITA FALLS,TX 76301	AMBULATORY SURGERY CENTER
2 WICHITA FALLS ENDOSCOPY CENTER 1500 TENTH STREET WICHITA FALLS,TX 76301	AMBULATORY SURGERY CENTER
3	
4	
5	
6	
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, 6l, 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
		PART I, LINE 6A THE ORGANIZATION'S COMMUNITY BENEFIT REPORT CAN BE OBTAINED BY REQUEST FROM UNITED REGIONAL ADMINISTRATION OFFICES OR COMMUNITY BENEFITS OFFICES THE COMMUNITY BENEFIT REPORT IS ALSO ON FILE WITH THE HEALTH AND HUMAN SERVICES COMMISSION OF THE STATE OF TEXAS

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 WAS USED TO DETERMINE COST FOR LINES 7A, 7B AND 7C ACTUAL COST PER GENERAL LEDGER WAS USED TO DETERMINE AMOUNTS ON LINE 7F, 7G AND 7I

Identifier	ReturnReference	Explanation
		PART I, LINE 7G COSTS OF \$10,696,838 WERE INCLUDED IN SUBSIDIZED HEALTH SERVICES ON LINE 7G FOR COMMUNITY CLINICS

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES TO DETERMINE THE PERCENTAGE ON LINE 7 WAS \$14,519,081

Identifier	ReturnReference	Explanation
		PART II UNITED REGIONAL HEALTH CARE SYSTEM IS LOCATED IN A FEDERALLY DESIGNATED PHYSICIAN SHORTAGE AREA THE AMOUNT INCLUDED ON PART II, LINE 8 FOR RECRUITMENT OF PHYSICIANS INCLUDES SIGN-ON BONUS AMOUNTS, STIPENDS, RELOCATION EXPENSES, AGENCY FEES, TRAVEL, INTERVIEW EXPENSES AND STAFF CONDUCTING THE INTERVIEWS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE ORGANIZATION'S BAD DEBT EXPENSE AT COST WAS CALCULATED USING THE EXPENSE REPORTED ON THE FINANCIAL STATEMENTS AND APPLYING AN OVERALL COST-TO-CHARGE RATIO CALCULATED FROM WORKSHEET 2 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY WAS DETERMINED BY ESTIMATING 10% OF THE BAD DEBT AT COST WOULD LIKELY BE CHARITY CARE THIS IS THE APPROXIMATE PERCENTAGE OF PATIENTS NOT COMPLETING THE PAPER WORK TO APPLY FOR CHARITY CARE BAD DEBT EXPENSE REPRESENTS GROSS CHARGES ADJUSTED FOR APPROPRIATE DISCOUNTS AND PAYMENTS ON ACCOUNTS FINANCIAL STATEMENT FOOTNOTE ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE URHCS MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO MAKE PAYMENTS ON ACCOUNTS URHCS USES A BALANCE SHEET APPROACH TO VALUE THE ALLOWANCE ACCOUNT BASED ON HISTORICAL WRITE-OFFS AND THE AGING OF THE ACCOUNTS ACCOUNTS ARE WRITTEN OFF WHEN COLLECTION EFFORTS HAVE BEEN EXHAUSTED FURTHERMORE, MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS ITS ALLOWANCES ASSOCIATED WITH ITS RECEIVABLE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE CURRENT TEXAS COMMUNITY BENEFIT STANDARD RECOGNIZES THAT MEDICARE DOES NOT PAY THE FULL COST OF SERVICES PROVIDED UNDER THE MEDICARE PROGRAM COMMUNITY BENEFIT REPORTING FOR THE STATE INCLUDES ALL MEDICARE SHORTFALLS AS COMMUNITY BENEFIT THE HOSPITAL BELIEVES THE SAME RATIONALE SHOULD APPLY FOR IRS PURPOSES COSTING METHODOLOGY THE MEDICARE ALLOWABLE COST WAS DETERMINED USING THE MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B HOSPITAL PERSONNEL MAKE GOOD FAITH EFFORTS TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, GOVERNMENTAL PROGRAMS AND ASSISTANCE IN APPLYING SECTION 6 6 OF THE CHARITY AND BAD DEBT POLICY STATES "AS SOON AS SUFFICIENT INFORMATION IS AVAILABLE CONCERNING THE PATIENT'S FINANCIAL RESOURCES AND ELIGIBILITY FOR GOVERNMENTAL ASSISTANCE, A DETERMINATION WILL BE MADE CONCERNING THE PATIENT'S ELIGIBILITY FOR CHARITY IN MOST CASES, THE DETERMINATION DECISION WILL BE MAKE WITHIN 10 BUSINESS DAYS A WRITTEN NOTICE WILL BE MAILED TO THE PATIENT INFORMING THEM OF THE DETERMINATION DECISION NO COLLECTION EFFORTS WILL BE PURSUED ON A CHARITY ACCOUNT FOR THE ELIGIBLE AMOUNT AFTER SUCH DETERMINATION IS MADE "

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 URHCS FILES AN ANNUAL STATEMENT OF COMMUNITY BENEFIT STANDARDS (ASCBS) WITH THE STATE OF TEXAS THE CALCULATION OF COMMUNITY BENEFIT FOR THE ASCBS DIFFER FROM THE CALCULATIONS REQUIRED FOR IRS SCHEDULE H REPORTING THEREFORE, THE INFORMATION REPORTED IN THE TWO REPORTS IS INCONSISTENT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES EMERGENCY, TRAUMA, OUTPATIENT AND SHORT TERM GENERAL ACUTE CARE INPATIENT CARE IN THE WICHITA FALLS AREA IN CONJUNCTION WITH OTHER INTERESTED ORGANIZATIONS, IT UNDERTAKES PROJECTS TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES FOR EXAMPLE, URHCS COLLABORATES WITH OTHER COMMUNITY HEALTH ORGANIZATIONS TO CREATE A "HEALTHY WICHITA" REPORT WHICH IS UPDATED PERIODICALLY THIS REPORT ASSESSES THE HEALTHCARE SERVICES PROVIDED IN THE COMMUNITY TO COMPARE THE OUTCOMES TO STATE AND FEDERAL OUTCOMES AND DETERMINE IF THE COMMUNITY HEALTH NEEDS ARE BEING MET

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THE HOSPITAL INFORMS EACH PATIENT OF THE CHARITY CARE PROGRAM AND HOW TO APPLY FOR CHARITY CARE THIS IS DONE BY POSTING NOTICES IN EACH PATIENT REGISTRATION AREA AND PROVIDING A WRITTEN NOTICE TO EACH PATIENT ALL PATIENT STATEMENTS HAVE AN ASSISTANCE APPLICATION ON THE REVERSE SIDE AND AN ALERT ON THE FRONT FOR THOSE ELIGIBLE OR INTERESTED IN APPLYING THIS INCLUDES ALL STATEMENT NOTIFICATIONS AND NOT JUST PATIENT SHARE STATEMENTS FURTHERMORE, IT IS THE POLICY OF URHCS TO ASSIST PATIENTS WITH INFORMATION AND RESOURCES FOR POTENTIALLY QUALIFYING FOR GOVERNMENTAL OR OTHER FINANCIAL ASSISTANCE PROGRAMS THE BUSINESS OFFICE WILL REFER THOSE PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM A GOVERNMENTAL PROGRAM TO THE APPROPRIATE PROGRAM, SUCH AS MEDICAID, COUNTY INDIGENT, CRIME VICTIMS ETC, OR TO THE HOSPITAL'S CONTRACTED ELIGIBILITY VENDOR FOR SCREENING FOR GOVERNMENTAL PROGRAM COVERAGE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 URHCS PRIMARY SERVICE AREA IS MADE UP OF THE CBSA OF WICHITA, ARCHER AND CLAY COUNTIES WICHITA COUNTY CONTAINS THE CITY OF WICHITA FALLS WHERE URHCS IS LOCATED ACCORDING TO THE HUMAN RESOURCES AND SERVICES ADMINISTRATION, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, WICHITA COUNTY HAS SEVERAL CENSUS TRACTS FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED, INCLUDING CENSUS TRACT 102 WHERE URHCS IS LOCATED ARCHER AND CLAY COUNTIES HAVE BEEN DECLARED TO BE MEDICALLY UNDERSERVED COUNTIES 2010 CENSUS DATA FOR WICHITA COUNTY IS AS FOLLOWS MEDIAN HOUSEHOLD INCOME(2009) \$41,862PER CAPITA INCOME(2009) \$22,529UNDER AGE 18 CHILDREN BELOW POVERTY LEVEL 20 9%MEDIAN EARNINGS OF FULL-TIME WORKERS, FEMALE \$21,885PERSONS BELOW POVERTY LEVEL(2008) 15 4% URHCS SERVES A DISPORTIONATE SHARE OF LOW INCOME PATIENTS AND QUALIFIES AS A DISPORTIONATE SHARE HOSPITAL FOR BOTH THE MEDICARE AND MEDICAID PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS THAT REPRESENTS THE COMMUNITIES IN WHICH THE ORGANIZATION OPERATES URHCS EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY UNITED REGIONAL OPERATES A LEVEL 3 TRAUMA UNIT FOR THE REGION THE HOSPITAL CONTRACTS WITH A FAMILY RESIDENCY PROGRAM TO ASSIST IN TRAINING PRIMARY CARE PHYSICIANS AS WELL AS TRAINING COURSES FOR NURSING AND ALLIED HEALTH PROFESSIONALS FOR THE COMMUNITIES IT SERVES THE HOSPITAL PARTICIPATES IN MEDICAID AND IS THE MANDATED COUNTY HEALTHCARE FACILITY URHCS REINVESTS SURPLUS FUNDS IN THE FACILITIES TO ENSURE PATIENTS ARE PROVIDED WITH STATE OF THE ART MEDICAL CARE

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	TX

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED REGIONAL HEALTH CARE SYSTEM INC

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
75-1912147

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) WICHITA COUNTY MEDICAL ALLIANCEPO BOX 1030 WICHITA FALLS,TX 76307	35-2173373	501(C)(3)	20,000				HAITI AND PAKISTAN RELIEF
(2) UNITED WAY1105 HOLIDAY WICHITA FALLS,TX 76301	75-0950126	501(C)(3)	8,750				CAMPAIGN
(3) MIDWESTERN STATE UNIVERSITY3410 TAFT BLVD WICHITA FALLS,TX 76308	75-6001738	115(1)	5,000				FUNDRAISING EVENT
(4) UNITED REGIONAL HEALTH CARE FOUNDATION1600 ELEVENTH STREET WICHITA FALLS,TX 76301	75-2761467	501(C)(3)	532,687				DONATION
(5) SERVICE ORGANIZATION OF NORTH TEXAS2950 50TH STREET LUBBOCK,TX 79413	80-0368789	501(C)(3)APPLIED FOR	8,235,000				DONATION

2

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

4

3

Enter total number of other organizations

1

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED REGIONAL HEALTH CARE SYSTEM PROVIDES GENERAL CONTRIBUTIONS TO THE COMMUNITY AND NATIONAL CHARITIES FOR THE FURTHERANCE OF THEIR MISSION THE ORGANIZATIONS MAKE THEIR REQUESTS IN WRITING THESE CONTRIBUTIONS ARE REVIEWED AND APPROVED BY APPROPRIATELY AUTHORIZED BOARD ACTION, OR OFFICERS, OR EMPLOYEES AS APPROPRIATE IN THE CIRCUMSTANCE IN EACH INSTANCE OF SUCH CONTRIBUTION BEING MADE UNITED REGIONAL FOLLOWS UP WITH EACH ORGANIZATION TO MAKE SURE EACH CONTRIBUTION WAS USED FOR ITS INTENDED PURPOSE

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 UNITED REGIONAL HEALTH CARE SYSTEM INC	Employer identification number 75-1912147
--	--

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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) PHYLLIS COWLING	(i) (ii)	441,582 0	94,547 0	22,353 0	57,500 0	8,843 0	624,825 0	0 0
(2) ROBERT PERT	(i) (ii)	246,422 0	56,827 0	17,521 0	14,700 0	21,409 0	356,879 0	0 0
(3) NANCY TOWNLEY	(i) (ii)	260,536 0	57,359 0	17,551 0	14,700 0	20,524 0	370,670 0	0 0
(4) DR JOHN SCOTT HOYER	(i) (ii)	251,408 0	18,174 0	18,032 0	10,334 0	20,953 0	318,901 0	0 0
(5) PAMELA BRADSHAW	(i) (ii)	189,497 0	24,411 0	14,155 0	11,581 0	20,892 0	260,536 0	0 0
(6) STEPHANIE JO BROWN	(i) (ii)	161,111 0	25,765 0	14,838 0	9,796 0	10,139 0	221,649 0	0 0
(7) RICHARD CARPENTER	(i) (ii)	160,700 0	26,694 0	14,577 0	9,602 0	20,826 0	232,399 0	0 0
(8) JERRY MARSHALL	(i) (ii)	129,642 0	11,526 0	594 0	8,292 0	22,082 0	172,136 0	0 0
(9) KIMBERLY STRINGFELLOW	(i) (ii)	107,152 0	18,452 0	62 0	7,164 0	20,826 0	153,656 0	0 0
(10) KIMBERLY CHOATE	(i) (ii)	111,760 0	11,560 0	47 0	7,210 0	20,798 0	151,375 0	0 0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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
	PART I, LINE 1A	DUES FOR THE WICHITA FALLS COUNTRY CLUB ARE PAID FOR THE FOLLOWING STAFF MEMBERS IN ORDER FOR THE HOSPITAL TO HAVE USE OF THE FACILITIES FOR BUSINESS USE SINCE MEMBERSHIPS CANNOT BE HELD IN A COMPANY NAME. THE DUES ARE \$426.51 PER MONTH, OR \$5,118.12 PER YEAR. ANY PERSONAL CHARGES INCURRED ARE REQUIRED TO BE PAID BY THE EMPLOYEE. PHYLLIS COWLING, RICHARD CARPENTER, ROBERT PERT.
	PART I, LINE 4B	PHYLLIS COWLING \$42,800. URHCS OFFERS A DEFERRED COMPENSATION PLAN. CERTAIN MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES MAY ELECT TO PARTICIPATE, IF ELIGIBLE, IN A DEFERRED COMPENSATION PLAN WHICH IS IN COMPLIANCE WITH THE IRC SECTION 457(F), ELIGIBLE DEFERRED COMPENSATION PLAN SPONSORED BY A TAX-EXEMPT ORGANIZATION.
	PART I, LINE 6	A RANGE BETWEEN 20% AND 25% OF ANNUAL BONUS IS BASED ON NET OPERATING INCOME. OTHER BONUS CRITERIA INVOLVE QUALITY SCORES, SERVICE SCORES AND INDIVIDUAL GOALS.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED REGIONAL HEALTH CARE SYSTEM INC

Employer identification number
75-1912147

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	NORTH TEXAS HEALTHCARE FACILITIES DEVELOPMENT CORPORATION	90-0049824	662823BS1	08-13-2003	34,519,436	EXPAND CARDIOLOGY SERVICES AND OTHER RENOVATIONS		X		X		X
B	NORTH TEXAS HEALTHCARE FACILITIES DEVELOPMENT CORPORATION	90-0049824	662823CG6	07-12-2007	93,891,074	CONSTRUCTION OF BRIDWELL TOWER AND CONSOLIDATE CAMPUS SERVICES, REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	34,519,436		93,891,074					
4	Gross proceeds in reserve funds	3,477,883		4,384,937					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	26,749,095		26,749,095					
7	Issuance costs from proceeds	476,750		2,757,042					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	30,564,803		60,000,000					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2006		2006					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part IIIPrivate 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		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		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		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 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		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		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		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		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

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
UNITED REGIONAL HEALTH CARE SYSTEM INC

Employer identification number
75-1912147

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
Total ▶ \$ _____										

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) BRANDON TOWNLEY	SON OF OFFICER	90,549	EMPLOYEE COMPENSATION		No
(2) WICHITA FALLS DIALYSIS CENTER	PARTIALLY OWNED BY BOARD MEMBER	692,323	DIALYSIS SERVICES		No
(3) LESLIE THOMAS	DAUGHTER-IN-LAW OF BOARD MEMBER	39,148	EMPLOYEE COMPENSATION		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 UNITED REGIONAL HEALTH CARE SYSTEM INC	Employer identification number 75-1912147
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Identifier	Return Reference	Explanation
AMENDED RETURN CHANGES	PART I, ITEM B	THE RETURN HAS BEEN AMENDED FOR THE FOLLOWING ITEMS PART VI CHANGED THE COMPOSITION OF THE EXECUTIVE COMMITTEE MEMBERS TO ADD THE PAST CHAIR AND REMOVE REFERENCE TO OTHER MEMBERS PART VII CHANGED STATUS TO OFFICER FROM KEY EMPLOYEE FOR DR JOHN SCOTT HOYER, PAMELA BRADSHAW, STEPHANIE JO BROWN AND RICHARD CARPENTER SCHEDULE O CHANGED WORDING OF HOURS WORKED FOR RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIR, PAST CHAIR, SECRETARY , TREASURER AND PRESIDENT/CHIEF EXECUTIVE OFFICER THE EXECUTIVE COMMITTEE HAS AUTHORITY TO TRANSACT ALL BUSINESS OF THE BOARD IN THE MANAGEMENT OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO LIMITATIONS SET FORTH IN THE BY LAWS AND ANY LIMITATIONS OTHERWISE IMPOSED BY THE BOARD THE EXECUTIVE COMMITTEE COORDINATES RECOMMENDATIONS FROM OTHER COMMITTEES OF THE BOARD, MAKE RECOMMENDATIONS TO THE BOARD ON ALL MATTERS OF POLICY , AND KEEPS THE BOARD ADVISED AT ALL TIMES CONCERNING THE STATE OF AFFAIRS OF THE CORPORATION THE EXECUTIVE COMMITTEE ACTS IN ALL PERSONNEL MATTERS INVOLVING EXECUTIVE AND MEDICAL STAFF PERSONNEL, INCLUDING SEARCH, SELECTION, EMPLOYMENT, COMPENSATION, MANAGEMENT PERFORMANCE REVIEW, CONTRACTS, AND BENEFITS, AND MAY APPOINT AN AD HOC COMMITTEE TO MAKE RECOMMENDATIONS TO IT IN ANY PARTICULAR SITUATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		PHYLLIS COWLING, NANCY TOWNLEY, AND ROBERT PERT HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE JOINT CITY-COUNTY BOARD HAS APPROVAL REGARDING BOND FINANCING AND APPROVAL OF BUDGET

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE EXECUTIVE COMMITTEE CHARTER, AS APPROVED BY THE UNITED REGIONAL HEALTH CARE SYSTEM BOARD, DELEGATES THE REVIEW OF 990S TO THE EXECUTIVE COMMITTEE. ALL MEMBERS OF THE COMMITTEE ARE PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS. THE 990 IS REVIEWED BY MANAGEMENT OFFICIALS OF THE HOSPITAL AND THE EXECUTIVE COMMITTEE OF THE BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY THE FORMS ARE REVIEWED INITIALLY BY THE CHIEF COMPLIANCE OFFICER AND THE CEO FOR POTENTIAL CONFLICTS ANY ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS A PERSON WITH A CONFLICT IS RESTRICTED FROM VOTING ON RELATED MATTERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW FOR THE CEO AND MAKES FINAL RECOMMENDATIONS REGARDING COMPENSATION. AN ANNUAL REVIEW IS PERFORMED BY THE CEO FOR ALL OTHER OFFICERS OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL COMPENSATION OF ALL OFFICERS. A COMPENSATION CONSULTANT PROVIDES MARKET COMPARISONS ON AN EVERY OTHER YEAR BASIS. THIS WAS COMPLETED IN 2009 AND WILL BE COMPLETED AGAIN IN 2011.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AN AD IS RUN IN THE LOCAL PAPER ON AN ANNUAL BASIS INFORMING THE COMMUNITY THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE OTHER DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 10,478,384 INVESTMENT EXPENSES - 616,177 PRIOR PERIOD ADJUSTMENTS 3,059

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE FOLLOWING INDIVIDUALS DEVOTED TIME PROVIDING SERVICES TO THE FOLLOWING RELATED ORGANIZATIONS UNITED REGIONAL PROFESSIONAL SERVICES CORPORATION PHYLLIS COWLING ONE HALF HOUR PER WEEK ROBERT PERT ONE HALF HOUR PER WEEK NANCY TOWNLEY ONE HALF HOUR PER WEEK UNITED REGIONAL PHYSICIAN GROUP PHYLLIS COWLING 2 HOURS PER WEEK ROBERT PERT 2 HOURS PER WEEK NANCY TOWNLEY 2 HOURS PER WEEK JOHN SCOTT HOYER 2 HOURS PER WEEK

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

UNITED REGIONAL HEALTH CARE SYSTEM INC

Employer identification number

75-1912147

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
(1) UNITED REGIONAL HEALTH CARE FOUNDATION 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-2761467	TO SUPPORT AND PROMOTE THE EFFICIENT DISTRIBUTION OF HEALTH CARE SERVICES	TX	501(C)(3)	11A	N/A	Yes	
(2) RATHGEBER HOSPITALITY HOUSE 1615 12TH STREET WICHITA FALLS, TX 76301 75-2811394	PROVIDE LODGING FOR PATIENT FAMILIES OF UNITED REGIONAL HEALTH CARE	TX	501(C)(3)	7	N/A	Yes	
(3) UNITED REGIONAL PHYSICIAN GROUP 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-2925491	PROVIDE PHYSICIAN AND HEALTH CARE SERVICES FOR UNITED REGIONAL HEALTH CARE	TX	501(C)(3)	9	N/A	Yes	
(4) CITY OF WICHITA FALLS-WICHITA COUNTY HOSPITAL BOARD 1300 7TH STREET WICHITA FALLS, TX 76301 75-6002771	OVERSIGHT OF HEALTH CARE SYSTEM	TX	N/A	N/A	N/A		No
(5) UNITED REGIONAL HEALTH CARE SYSTEM AUXILIARY 1600 ELEVENTH STREET WICHITA FALLS, TX 76301 75-6004656	PROVIDE BENEVOLENT SERVICES TO UNITED REGIONAL HEALTH CARE SYSTEM	TX	501(C)(3)	11A	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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) UNITED REGIONAL PROFESSIONAL SERVICES CORPORATION 1600 EIGHTH STREET WICHITA FALLS, TX76301 75-2549298	MANAGEMENT SERVICES	TX	N/A	C	1,825,207	4,367,123	100 000 %
(2) TEXOMA INSURANCE AGENCY 1600 EIGHTH STREET WICHITA FALLS, TX76301 42-2683761	INSURANCE	TX	N/A	C	1,337	127,782	100 000 %

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 Yes

1d

1e

1f

1g

1h

1i

1j

1k

1l Yes

1m Yes

1n

1o

1p Yes

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2010

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: 75-1912147

Name: UNITED REGIONAL HEALTH CARE SYSTEM INC

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) UNITED REGIONAL HEALTH CARE FOUNDATION	C	2,267,553	GENERAL LEDGER
(2) UNITED REGIONAL PHYSICIAN GROUP	P	325,047	GENERAL LEDGER
(3) RATHGEBER HOSPITALITY HOUSE			
(4) TEXOMA INSURANCE AGENCY			
(5) UNITED REGIONAL HEALTH CARE FOUNDATION	B	532,687	GENERAL LEDGER
(6) UNITED REGIONAL PHYSICIAN GROUP	A	46,774	GENERAL LEDGER
(7) UNITED REGIONAL PROFESSIONAL SERVICES CORPORATION	P	231,789	GENERAL LEDGER