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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
Weirton Medical Center Inc

Doing Business As
Weirton Medical Center

Number and street (or P O box if mail is not delivered to street address) 601 Colliers Way | Room/suite

City or town, state or country, and ZIP + 4
Weirton, WV 260625014

D Employer identification number
55-0387249

E Telephone number
(304) 797-6000

G Gross receipts $ 118,073,233

F Name and address of principal officer
Robert Frank
601 Colliers Way
Weirton, WV 260625014

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www weirtonmedical com

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

L Year of formation 1949

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Weirton Medical Center, in partnership with physicians, will lead the tri-state area in the provision of coordinated, safe, effective, quality healthcare services through a process of teamwork, innovation, and continuous improvement

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,112
6	Total number of volunteers (estimate if necessary)	**6**	63
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	504
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	125,490	156,988
9	Program service revenue (Part VIII, line 2g)	93,354,468	93,068,659
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	685,502	1,717,938
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	986,133	981,632
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,151,593	95,925,217
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,748,045	46,957,455
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	48,224,835	50,227,379
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	98,972,880	97,184,834
19	Revenue less expenses Subtract line 18 from line 12	-3,821,287	-1,259,617

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	80,356,791	80,476,335
21	Total liabilities (Part X, line 26)	58,754,671	51,386,584
22	Net assets or fund balances Subtract line 21 from line 20	21,602,120	29,089,751

Part II Signature Block

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

Sign Here

****** | 2012-05-14
Signature of officer | Date

Robert Frank CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Harry C Harless	Harry C Harless			

Firm's name ▶ Arnett & Foster PLLC — Firm's EIN ▶

Firm's address ▶ P O Box 2629, Charleston, WV 25329 — Phone no ▶ (304) 346-0441

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Weirton Medical Center, in partnership with physicians, will lead the tri-state area in the provision of coordinated, safe, effective, quality healthcare services through a process of teamwork, innovation, and continuous improvement

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 90,491,545 including grants of $) (Revenue $ 93,068,659)

The medical center provided inpatient, outpatient, emergency, psychiatric, home health, physician and skilled nursing services including 32,779 inpatient days, 191,289 outpatient visits, 40,316 emergency room visits and 9,204 home health visits Charges foregone for charity amounted to $2,299,144

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 90,491,545

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer 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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	71		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,112		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
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	1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , NY , NC

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 ▶

Kellie Henwood
601 South Colliers Way
Weirton, WV 26062
(304) 797-6440

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) Joseph P Endrich Chief Executive Officer	40 00	X		X				326,282	0	2,328
(2) David L Snyder Trustee	3 00	X						0	0	0
(3) Jon M Rogers Treasurer	3 00	X		X				0	0	0
(4) William R Kiefer Trustee	3 00	X						0	0	0
(5) Arthur L Miser Jr Trustee	3 00	X						0	0	0
(6) James R Shockley Vice-Chairman	3 00	X		X				0	0	0
(7) Donald R Donell Chairman	3 00	X		X				0	0	0
(8) John A Spadafora Jr Trustee	3 00	X						0	0	0
(9) John J York Secretary	3 00	X		X				0	0	0
(10) Richard Ajayi Trustee	40 00	X						259,112	0	19,862
(11) Carl Jones Physician	40 00					X		512,694	0	234
(12) Keith Bravo Physician	40 00					X		470,132	0	3,146
(13) Craig Oser Physician	40 00					X		362,742	0	6,262
(14) Lisa Noble Physician	40 00					X		255,043	0	78
(15) John Mitchell Physician	40 00					X		246,728	0	16,669

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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,432,733	0	48,579

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 ▶ 24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Quorum Health Resources 105 Continental Place Blvd Brentwood, TN 37027	Consulting agency	1,847,302
Intertech Security 1501 Preble Ave Pittsburgh, PA 15232	Nurse Call System	437,018
Helvey & Associates Inc 1029 E Center Warsaw, IN 46580	Patient billing	416,245
Center Pointe Sleep Assoc Ste 400 453 Valley Brook Rd McMurray, PA 15317	Sleep Studies	322,200
Innovation In Health Care PO Box 9727 Greenville, SC 29604	Consulting agency	267,331

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 ▶ 21

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	3,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	153,988			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		156,988			
Program Service Revenue		Business Code				
	2a Health care services	622110	93,068,659	93,068,659		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		93,068,659			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,416,174		504	1,415,670
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	381,579				
	b Less rental expenses					
	c Rental income or (loss)	381,579				
	d Net rental income or (loss) . . . . . ▶		381,579			381,579
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	22,449,780				
	b Less cost or other basis and sales expenses	22,143,430	4,586			
	c Gain or (loss)	306,350	-4,586			
	d Net gain or (loss) . . . . . ▶		301,764			301,764
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Cafeteria & Vending In	722100	432,293			432,293
	b Other revenue	900099	155,090			155,090
	c Physical Therapy	621990	7,085			7,085
	d All other revenue		5,585			5,585
	e **Total.** Add lines 11a–11d . . . . . ▶		600,053			
	12 **Total revenue.** See Instructions . . . ▶		95,925,217	93,068,659	504	2,699,066

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				
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	542,381	500,943	41,438	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	36,647,311	33,847,456	2,799,855	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,592,388	1,470,730	121,658	
9 Other employee benefits	5,450,741	5,034,304	416,437	
10 Payroll taxes	2,724,634	2,516,472	208,162	
a Fees for services (non-employees) Management				
b Legal	138,972		138,972	
c Accounting	81,567		81,567	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	31,014		31,014	
g Other	13,910,878	12,872,045	1,038,833	
12 Advertising and promotion				
13 Office expenses	16,503,462	15,242,598	1,260,864	
14 Information technology				
15 Royalties				
16 Occupancy	1,793,914	1,656,859	137,055	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	97,375	89,936	7,439	
20 Interest	1,380,432	1,274,967	105,465	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,622,958	2,422,564	200,394	
23 Insurance	365,163	337,265	27,898	
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 debts	10,311,364	10,311,364		
b Health care provider ta	1,932,076	1,932,076		
c Repairs & maintenance	294,009	271,547	22,462	
d Sales taxes	292,065	269,751	22,314	
e Books, dues, and subscr	270,793	250,104	20,689	
f All other expenses	201,337	190,564	10,773	
25 **Total functional expenses.** Add lines 1 through 24f	97,184,834	90,491,545	6,693,289	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		5,014,535	2	3,448,144
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,946,620	4	14,271,893
	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		136,339	7	99,989
	8	Inventories for sale or use		1,171,024	8	1,092,696
	9	Prepaid expenses and deferred charges		1,730,544	9	1,959,708
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 92,997,808			
	b	Less accumulated depreciation	10b 72,816,169	20,526,874	10c	20,181,639
	11	Investments—publicly traded securities		34,282,381	11	35,948,395
	12	Investments—other securities See Part IV, line 11		712,915	12	1,191,714
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,835,559	15	2,282,157
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		80,356,791	16	80,476,335
Liabilities	17	Accounts payable and accrued expenses		14,021,147	17	11,149,725
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		25,055,791	20	23,745,367
	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		4,143,781	23	4,772,254
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		15,533,952	25	11,719,238
	26	**Total liabilities.** Add lines 17 through 25		58,754,671	26	51,386,584
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		21,602,120	27	29,089,751
	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		21,602,120	33	29,089,751
	34	Total liabilities and net assets/fund balances		80,356,791	34	80,476,335

Part XI Reconcilliation 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	95,925,217
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,184,834
3	Revenue less expenses Subtract line 2 from line 1	3	-1,259,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	21,602,120
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,747,248
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	29,089,751

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

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?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		124,015		124,015
b Buildings		47,434,423	36,938,549	10,495,874
c Leasehold improvements		211,247	211,247	0
d Equipment		41,106,117	33,324,713	7,781,404
e Other		4,122,006	2,341,660	1,780,346
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,181,639

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Estimated third-party settlements	629,572
Estimated malpractice liability	2,984,268
Accrued pension liability	8,105,398
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,719,238

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	95,925,217
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	97,184,834
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,259,617
4	Net unrealized gains (losses) on investments	4	4,911,383
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,835,865
9	Total adjustments (net) Add lines 4 - 8	9	8,747,248
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,487,631

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	95,894,158
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	251,184		
e	Add lines **2a** through **2d**			2e	251,184
3	Subtract line **2e** from line **1**			3	95,642,974
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	282,243		
c	Add lines **4a** and **4b**			4c	282,243
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	95,925,217

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

1	Total expenses and losses per audited financial statements			1	97,160,328
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	0
3	Subtract line **2e** from line **1**			3	97,160,328
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	24,506		
c	Add lines **4a** and **4b**			4c	24,506
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	97,184,834

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
Part XI, Line 8 - Other Adjustments		Defined benefit pension plan adjustment 3,842,418 Equity Income -6,553
Part XII, Line 2d - Other Adjustments		Income per books Premier Purchasing Partners LP 251,184
Part XII, Line 4b - Other Adjustments		Equity loss from AEIX 2,512 Excluded Dividend Income From Premier 255,225 Grant expenses netted against income on financial statements 24,506
Part XIII, Line 4b - Other Adjustments		Grant expenses 24,506

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

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 .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the 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 *free* 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 _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			929,083		929,083	0 960 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			12,955,978	8,354,271	4,601,707	4 740 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			13,885,061	8,354,271	5,530,790	5 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	45	3,572	25,805	3,750	22,055	0 020 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits	45	3,572	25,805	3,750	22,055	0 020 %
k **Total.** Add lines 7d and 7j	45	3,572	13,910,866	8,358,021	5,552,845	5 720 %

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						
9	Other						
10	**Total**						

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	4,166,822		
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			
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	19,269,570
6	Enter Medicare allowable costs of care relating to payments on line 5	6	19,527,020
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-257,450
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		No

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Weirton Medical Center 601 Colliers Way Weirton, WV 260625014	X	X					X		

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? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
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, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c Weirton Medical Center is required by law to give a reasonable amount of services without charge to eligible persons who cannot afford to pay for care Eligibility for financial assistance is based upon US Citizenship, West Virginia Residency and the U S Government's Federal Poverty Guidelines These guidelines are updated each year A person may qualify for financial assistance if their household income is at or below 200% of the current guidelines

Identifier	ReturnReference	Explanation
		Part I, Line 7 The cost of charity care was estimated using a cost to charge ratio derived from Worksheet 2 of the Schedule H instructions The unreimbursed cost of Medicaid was estimated using a cost to charge ratio derived from Worksheet 2 of the Schedule H Instructions

Identifier	ReturnReference	Explanation
Community Benefit Report	Part I, Line 3	The organization provides a community benefit report through the West Virginia Health Care Authority

Identifier	ReturnReference	Explanation
		Part III, Line 4 Patient accounts receivable are carried at the original charge less an estimate made for doubtful or uncollectible accounts The allowance is based upon a review of the outstanding balances aged by financial class Management uses collection percentages based upon historical collection experience to determine collectibility Management also reviews troubled, aged accounts to determine collection potential Patient accounts receivable are written off when deemed uncollectible Recoveries of accounts previously written off are recorded as a reduction to bad debt expense when received Interest is not charged on patient accounts receivable

Identifier	ReturnReference	Explanation
		Part III, Line 9b There is no collection from patients who qualify for charity care If a patient qualifies, they receive no bill

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Weirton Medical Center conducts a community health needs assessment of the residents of its service area every five years The assessment results are tabulated and analyzed to determine the health needs The health needs are then prioritized and a plan is developed to address the needs

Identifier	ReturnReference	Explanation
		Part VI, Line 3 A charity care Policy is posted at all registration areas All self-patients are seen or called by the financial counselors to see what services can be offered The patients are screened for charity care and provided education about the state Medicaid application

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Weirton Medical Center serves the counties of Brooke and Hancock in West Virginia, and portions of Washington County in Pennsylvania and Jefferson County in Ohio Brooke County, West Virginia had a 2010 population of 20,069 The median age is 44 8 years and 19 1 percent of the population is age 65 or older The median household income is $38,624 The January 2011 unemployment rate was 8 2 percent Hancock County, West Virginia had a 2010 population of 30,676 The median age is 45 3 and 18 8 percent of the population is age 65 or older The median household income is $44,478 and 13 4 percent of the population was unemployed in January 2011 Jefferson County, Ohio had a 2010 population of 69,709 with a median age of 43 9 years The percentage of population that is 65 years or older is 18 3 percent The median household income is $37,527 The January 2011 unemployment rate was 10 6 percent The total service area population was 229,752 in 2010 The region is also served by Trinity Health System in Steubenville, Ohio Patients from the area also use Wheeling Hospital, Ohio Valley Medical Center in Wheeling, and Washington Hospital in Washington, Pennsylvania Patients also seek medical care from tertiary hospitals located in Pittsburgh, Pennsylvania

Identifier	ReturnReference	Explanation
		Part VI, Line 6 The majority of the organization's governing body is comprised of persons who reside in the organization's primary service area, who are neither employees or contractors of the organization, nor family members thereof The organization operates an emergency room available to all, regardless of ability to pay

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Joseph P Endrich	(i)	326,282	0	0	2,171	1,603	330,056	0
	(ii)	0	0	0	0	0	0	0
(2) Richard Ajayi	(i)	196,596	62,516	0	775	20,550	280,437	0
	(ii)	0	0	0	0	0	0	0
(3) Carl Jones	(i)	500,501	12,193	0	0	705	513,399	0
	(ii)	0	0	0	0	0	0	0
(4) Keith Bravo	(i)	292,824	177,308	0	2,911	706	473,749	0
	(ii)	0	0	0	0	0	0	0
(5) Craig Oser	(i)	350,242	12,500	0	0	6,733	369,475	0
	(ii)	0	0	0	0	0	0	0
(6) Lisa Noble	(i)	141,974	113,069	0	0	549	255,592	0
	(ii)	0	0	0	0	0	0	0
(7) John Mitchell	(i)	213,646	33,082	0	16,499	641	263,868	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 6	Certain physicians receive a base pay and an incentive based on the net revenue in which they produce

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

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	Weirton Municipal Hospital Building Commission	55-6000623		06-24-2005	6,700,000	Capital expenditures, expansion of medical center and technology upgrades		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	6,700,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,700,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136044542

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
Weirton Medical Center Inc

Employer identification number
55-0387249

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is reviewed by the Director, Finance Director, the CFO and the board before approval is given and it is submitted to the IRS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The board and medical staff executive are required to complete conflict of interest statements annually The compliance committee oversees the process

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	A board designated compensation committee is utilized not only for the CEO but for all of senior management Comparability data is obtained through the Director of Human Resources and a performance evaluation completed

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The financial statements are available through the West Virginia Health Care Authority as part of the freedom of information act/sunshine laws and are also published in the legal section of the newspaper annually The governing documents, conflict of interest policy and financial statements are available upon request

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 4,911,383 Defined benefit pension plan adjustment 3,842,418 Equity Income -6,553 Total to Form 990, Part XI, Line 5 8,747,248

Identifier	Return Reference	Explanation
Audit oversight	Part XII, line 2c	The process for a separate committee to oversee the audit of financial statements has not changes from prior year

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SCHEDULE R (Form 990)

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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Weirton Medical Center Inc

Employer identification number
55-0387249

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
(1) Tri-State Community Care Network Inc 601 Colliers Way Weirton, WV 26052 55-0731090	Healthcare	WV			N/A

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) Weirton Medical Center Foundation 601 Colliers Way Weirton, WV 26062 55-0689248	Supporting organization	WV	501(c)(3)	11	N/A		No
(2) Weirton Medical Corporation 601 Colliers Way weirton, WV 26062 55-0689267	Supporting organization	WV	501(c)(3)	11, Type II	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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

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

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

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

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

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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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Weirton Medical Center Inc	Form 990 Page 10	55-0387249

Part I **Election To Expense Certain Property Under Section 179**

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

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	2,622,958

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

Section A

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

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

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

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

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

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	2,622,958
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

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

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

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

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

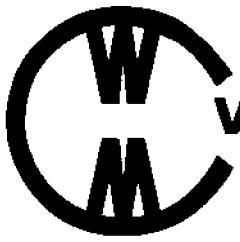
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

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

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

Part VI **Amortization**

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



WEIRTON MEDICAL CENTER

Financial Statements

June 30, 2010

CONTENTS

ARNETT & FOSTER
Certified Public Accountants PLLC

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Weirton Medical Center, Inc
Weirton, West Virginia

We have audited the accompanying balance sheets of Weirton Medical Center, Inc as of June 30, 2010 and 2009 and the related statements of operations and changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Weirton Medical Center Inc 's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Weirton Medical Center, Inc as of June 30, 2010 and 2009 and the results of its operations, changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America

ARNETT & FOSTER, P.L.L.C.

Arnett + Foster, P.L.L.C.

Charleston, West Virginia
December 8, 2010

WEIRTON MEDICAL CENTER, INC.

BALANCE SHEETS
June 30, 2010 and 2009

ASSETS	2010	2009
Current assets		
Cash and cash equivalents	**$ -**	$ 166,242
Assets limited as to use	**1,302,530**	1,308,490
Patient accounts receivable, net of allowance for doubtful accounts 2010, $9,560,000, 2009, $9,190,000	**14,946,620**	15,033,875
Other receivables	**164,870**	97,968
Inventory of supplies	**1,171,024**	1,213,388
Prepaid expenses	**1,730,544**	1,423,486
Total current assets	**19,315,588**	19,243,449
Interest in net assets of Weirton Medical Center Foundation	**1,294,672**	1,294,672
Assets limited as to use, net of current portion	**38,073,940**	34,323,537
Property and equipment, net	**20,526,874**	22,066,154
Other assets		
Deferred financing costs, net	**296,463**	314,992
Other	**849,254**	776,991
Total other assets	**1,145,717**	1,091,983
Total assets	**$ 80,356,791**	$ 78,019,795
LIABILITIES AND NET ASSETS		
Current liabilities		
Disbursements in excess of cash	**$ 341,116**	$ -
Line of credit	**3,350,415**	2,942,100
Current portion of long-term debt	**1,497,129**	1,613,055
Accounts payable	**10,699,952**	6,623,196
Accrued salaries and wages	**1,698,066**	1,896,734
Accrued vacation expense	**1,220,067**	1,346,970
Estimated third-party payor settlements	**704,171**	607,512
Accrued interest payable	**61,946**	63,495
Deferred revenue	**-**	5,500
Total current liabilities	**19,572,862**	15,098,562
Long-term liabilities		
Long-term obligations, net of current portion	**24,352,028**	25,853,967
Self-insurance and other reserves	**3,347,420**	3,611,851
Accrued pension costs	**11,482,361**	9,297,163
Total long-term liabilities	**39,181,809**	38,762,981
Total liabilities	**58,754,671**	53,861,543
Unrestricted net assets	**21,602,120**	24,158,252
Total liabilities and net assets	**$ 80,356,791**	$ 78,019,795

See Notes to Financial Statements

WEIRTON MEDICAL CENTER, INC.

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
Years Ended June 30, 2010 and 2009

	2010	2009
Unrestricted revenues, gains and other support		
Net patient service revenue	**$ 93,170,174**	$ 95,500,606
Other operating revenue	**1,476,816**	1,449,413
Total revenues, gains and other support	**94,646,990**	96,950,019
Expenses		
Salaries and wages	**38,390,941**	41,507,915
Payroll taxes and benefits	**12,357,104**	11,840,247
Supplies and other	**28,375,036**	29,202,449
Depreciation and amortization	**2,877,594**	3,241,689
Interest expense	**1,042,730**	1,231,075
Insurance and other related costs	**1,023,888**	1,784,038
Fees, administrative and other	**1,264,547**	2,072,957
Broad based healthcare tax	**1,601,492**	1,718,134
Utilities	**1,918,158**	2,481,835
Provision for uncollectible accounts	**10,121,390**	5,347,614
Total expenses	**98,972,880**	100,427,953
Operating loss	**(4,325,890)**	(3,477,934)
Other income (expense)		
Investment income	**478,949**	1,004,006
Gifts and bequests	**126,010**	132,910
Loss on disposal of equipment	**(35,905)**	-
Other	**(520)**	24,382
Total other income	**568,534**	1,161,298
Deficiency of revenues over expenses	**(3,757,356)**	(2,316,636)
Other changes in unrestricted net assets		
Defined benefit pension plan adjustment	**(2,083,643)**	(5,445,304)
Change in net unrealized gains and losses on other than trading securities	**3,284,867**	(5,576,487)
	1,201,224	(11,021,791)
Decrease in unrestricted net assets	**(2,556,132)**	(13,338,427)
Net assets, beginning of year	**24,158,252**	37,496,679
Net assets, end of year	**$ 21,602,120**	$ 24,158,252

WEIRTON MEDICAL CENTER, INC.

STATEMENTS OF CASH FLOWS
Years Ended June 30, 2010 and 2009

	2010	2009
Cash flows from operating activities		
Change in net assets	**$ (2,556,132)**	$ (13,338,427)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	**2,877,594**	3,241,689
Loss on disposal of equipment	**35,905**	-
Provision for bad debts	**10,121,390**	5,347,614
Net changes in unrealized gains and losses on investments	**(3,284,867)**	5,576,487
Defined benefit pension plan adjustment	**2,083,643**	5,445,304
Net realized gains (losses) on investments	**232,294**	214,146
Changes in assets and liabilities		
(Increase) decrease in patient accounts receivable	**(10,034,135)**	(6,975,941)
(Increase) decrease in other current receivables	**(66,902)**	19,716
(Increase) decrease in inventories and prepaid expenses	**(264,694)**	520,540
(Increase) decrease in other assets	**(72,263)**	(210,809)
Increase (decrease) in accounts payable and accrued expenses	**3,749,636**	(407,375)
Increase (decrease) in estimated third-party payor settlements	**96,659**	226,155
Increase (decrease) in accrued pension costs	**101,555**	(1,283,232)
Increase (decrease) in malpractice self-insurance liability and other liabilities	**(264,431)**	(1,384,612)
Increase (decrease) in deferred revenue	**(5,500)**	(14,750)
Net cash provided by (used in) operating activities	**2,749,752**	(3,023,495)
Cash flows from investing activities		
Purchase of property and equipment	**(1,355,690)**	(2,619,270)
Purchase of investments	**(14,776,809)**	(11,333,467)
Proceeds from sale of investments	**14,084,939**	14,678,632
Net cash provided by (used in) investing activities	**(2,047,560)**	725,895
Cash flows from financing activities		
Proceeds from issuance of long-term debt	-	992,692
Repayment of long-term debt	**(1,617,865)**	(1,592,816)
Net borrowings (repayment) of line-of-credit	**408,315**	2,942,100
Net cash provided by (used in) financing activities	**(1,209,550)**	2,341,976
Increase (decrease) in cash and cash equivalents	**(507,358)**	44,376
Cash and cash equivalents		
Beginning of year	**166,242**	121,866
End of year	**$ (341,116)**	$ 166,242
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	**$ 1,038,975**	$ 1,220,114

WEIRTON MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Organization and Summary of Significant Accounting Policies

Nature of operations: Weirton Medical Center, Inc d/b/a Weirton Medical Center (the "Medical Center") is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code The Medical Center owns an acute care hospital and provides inpatient, outpatient, emergency, home health, physician and skilled nursing services for residents of northern West Virginia, southwestern Pennsylvania and eastern Ohio

Weirton Medical Corporation was formed as the parent holding company of the Medical Center and the Weirton Medical Center Foundation (the "Foundation") As the parent holding company, Weirton Medical Corporation has the responsibility to approve the Medical Center's trustees Administrative and accounting services are provided by the Medical Center to the Foundation at no cost These financial statements include only the financial statements of the Medical Center

A Summary of Significant Accounting Policies is as follows:

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

Cash and cash equivalents: Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less

Patient accounts receivable: Patient accounts receivable are carried at the original charge less an estimate made for doubtful or uncollectible accounts The allowance is based upon a review of the outstanding balances aged by financial class Management uses collection percentages based upon historical collection experience to determine collectibility Management also reviews troubled, aged accounts to determine collection potential Patient accounts receivable are written off when deemed uncollectible Recoveries of accounts previously written off are recorded as a reduction to bad debt expense when received Interest is not charged on patient accounts receivable

Inventories: Inventories are stated at weighted average cost, which approximates lower of cost (first-in, first-out method) or market

Investments: Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the donor or law restricts the income or loss Unrealized gains and losses on investments are excluded from the excess of revenues over expenses as none of the Medical Center's investments are classified as trading securities

Assets limited as to use: Assets limited as to use primarily include assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes, and assets held by trustees under indenture agreements Amount(s) required to meet current liabilities of the Medical Center have been reclassified to current assets in the balance sheet at June 30, 2010 and 2009

Deferred Financing Costs: Costs related to long-term financing obtained through the issuance of long-term debt are deferred and subsequently amortized over the life of the outstanding bonds using the straight-line method, which does not differ significantly from the effective interest method of amortization

Property and equipment: Property and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the financial statements When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts and any resulting gain or loss is reflected in income for the period

Basis of presentation: Net assets and revenues, gains and losses are classified based on donor-imposed restrictions Accordingly, net assets of the Medical Center and changes therein are classified and reported as follows

Unrestricted – Unrestricted net assets include resources over which the Board of Trustees has discretionary control

Temporarily restricted – Temporarily restricted net assets are those resources subject to restrictions imposed by donors, which are limited to a specific time period or purpose None at June 30, 2010 and 2009

Permanently restricted – Permanently restricted net assets are those resources subject to donor-imposed restriction that they be maintained permanently by the donee or for which perpetual trusts have been established None at June 30, 2010 and 2009

Excess (deficiency) of revenues over expenses: The statement of operations includes excess (deficiency) of revenues over expenses Changes in unrestricted net assets, which are excluded from excess (deficiency) of revenues over expenses, consistent with current industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets)

Net patient service revenue: The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined

Charity care: The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues

Donor restricted gifts: Unconditional promises to give cash and other assets to the Medical Center are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements

Estimated malpractice costs: The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

Self-Insurance – employee healthcare: The Medical Center is self-insured for healthcare coverage up to $200,000 per claim Included in fringe benefits are the estimated costs of these programs which are accrued, based upon known and anticipated claims Any adjustments to previously recorded accruals are reflected in current operating results

Income taxes: The Medical Center is exempt from Federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state statutes relating to not-for-profit organizations

Unrelated business income tax: There is currently very little guidance in the IRS Code on what activities should be subject to unrelated business income tax (UBIT) The IRS has indicated that they are studying the issue and may issue additional guidance As a result, at this time there is uncertainty regarding whether the Medical Center should pay income tax on certain types of net taxable income from activities that may be considered by taxing authorities as unrelated to the purpose for which the Medical Center was granted non-taxable status In the opinion of management, any liability resulting from taxing authorities imposing income taxes on the net taxable income from activities deemed to be unrelated to the Medical Center's non-taxable status is not expected to have a material effect on the Medical Center's financial position or results of operations

Reclassifications: Certain 2009 amounts have been reclassified to conform with the 2010 presentation

Subsequent events: The Medical Center has evaluated subsequent events through December 8, 2010, the date on which the financial statements were available to be issued

Note 2. Net Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates A summary of the basis of reimbursement with major third-party payors follows

- **Medicare**

  Inpatient acute care, outpatient, home health, and skilled services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology The Medical Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary The Medical Center's classification of patients under the Medicare program and the appropriateness of their admission are subjected to an independent review by a peer review organization

  Additionally, some Medicare beneficiaries have elected to have their benefits administered by a Health Maintenance Organization For these patients, the Medical Center is reimbursed a negotiated rate of payment

- **Medicaid**

  Reimbursement for inpatients are based entirely on prospectively determined rates per discharge based on primary diagnosis codes Outpatient services are reimbursed based upon the lessor of the Medical Center's charge or predetermined fee schedule amounts

During 2010 and 2009, the Medical Center recognized approximately $264,000 and $321,000, respectively, in additional revenue relative to its disproportionate share allocation under the provisions of the West Virginia Medicaid Program These amounts are reflected as an increase to net patient service revenue in the accompanying statements of operations and changes in net assets

Revenue from the Medicare and Medicaid programs accounted for approximately 30 percent and 7 percent, respectively, of the Medical Center's net patient revenue for the year ended June 30, 2010, and 26 percent and 9 percent, respectively, for the year ended June 30, 2009 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The June 30, 2010 and 2009 net patient service revenue increased approximately $306,000 and $966,000, respectively, due to settlements received in 2009 on the 2005, 2006 and 2007 cost reports for Medicare disproportionate payments not previously received or accrued and due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews and investigations

The Medical Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

A summary of gross and net patient service revenue for the years ended June 30, 2010 and 2009, follows

	2010	2009
Gross patient service revenue	**$ 208,006,562**	$ 212,788,235
Less provision for		
Contractual and other adjustments	**113,324,260**	115,887,627
Charity care	**1,512,128**	1,400,002
Net patient service revenues	**$ 93,170,174**	$ 95,500,606

Charity care and community service benefits: The Medical Center maintains a written charity care plan for which the purpose is the provision of health services both on an inpatient and outpatient basis to individuals who have demonstrated the inability to pay for all or part of the services Records are maintained to identify and monitor the level of charity care provided by the Medical Center These records include the amount of regular charges foregone for services and supplies furnished under the charity care plan and the estimated cost of those services and supplies

Note 3. Cash Concentrations

Included with cash and cash equivalents are demand deposits and highly liquid debt instruments with financial institutions, the bank balances of which exceed Federally insured amounts by approximately $13,600 at June 30, 2010

Note 4. Investments

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2010 and 2009, is set forth in the following table Investments are stated at fair value

	2010	2009
By Board for designated purposes		
Cash and cash equivalents	**$ 2,544,681**	$ 624,320
Mutual funds	**22,622,458**	22,521,882
Bonds and other fixed income investments	**3,067,040**	-
Common stocks	**7,864,320**	9,299,032
	36,098,499	32,445,234
Under trust indenture and held by trustee		
Cash and cash equivalents	**1,684,241**	1,674,095
	1,684,241	1,674,095
Malpractice self-insurance trust fund		
Cash and cash equivalents	**785,613**	790,256
Mutual funds	**728,561**	658,253
	1,514,174	1,448,509
Construction/equipment fund held by trustee		
Cash and cash equivalents	**-**	63
	-	63
Accrued interest receivable	**79,556**	64,126
	$ 39,376,470	$ 35,632,027

The Medical Center has various investments in equity securities and other investment securities These investment securities are exposed to various risks such as interest rate, market and credit Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that the changes in risks in the near-term could materially affect the amounts reported in the balance sheet and the statement of operations and changes in net assets

The Medical Center does not require collateral to secure its investments

By Board for Designated Purposes

The Board of Trustees of the Medical Center has set aside $36,098,499 and $32,445,234 at June 30, 2010 and 2009, respectively, for future additions to or replacement of capital assets The Board of Trustees retains control over these assets and may, at its discretion, subsequently use them for other purposes These funds are not intended for current operations and, accordingly, have been classified as noncurrent assets

Under Trust Indenture and Held by Trustee

Pursuant to the Trust Indenture Agreement entered into with the Weirton Municipal Hospital Building Commission, as further described in Note 7, the following funds are held under trust at June 30

	2010	2009
Interest and Principal Fund - Series A and B 2001	**$ 487,537**	$ 477,602
Debt Service Reserve Fund - Series A 2001	**1,196,704**	1,196,493
	$ 1,684,241	$ 1,674,095

Malpractice Self-Insurance Trust Fund

The Medical Center was self-insured with respect to medical malpractice claims through June 30, 1994 The Medical Center's funding of these claims is administered through a trust with a lending institution

Construction/Equipment Fund

The construction/equipment fund is restricted by the 2001 Series A and B Bonds and represents cash and cash equivalents to be used for extension, additions, improvements and repairs to the Medical Center's facilities and medical office building project and are held in trust at June 30, 2010 and 2009

Investment income and gains from assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ended June 30, 2010 and 2009

	2010	2009
Income		
Dividend and interest income	**$ 711,243**	$ 1,218,152
Net realized gains (losses) on sale of investments	**(232,294)**	(214,146)
	$ 478,949	$ 1,004,006
Other changes in unrestricted net assets		
Unrealized gains (losses) on investments, net	**$ 3,284,867**	$ (5,576,487)

At June 30, 2010, approximately 31% of the Medical Center's total investments are represented by one intermediate-term bond fund, the WesMark Bond Fund This fund seeks high current income consistent with preservation of capital by investing at least 65% of assets in investment-grade securities

The Medical Center has evaluated their investments for potential impairment Impairment is evaluated using numerous factors, and their relative significance varies case to case Factors considered included length of time and extent to which the market value has been less than cost, the financial condition and near-term prospects of the issuer, and the intent and ability to retain the security in order to allow for an anticipated recovery in market value If, based on the analysis, it is determined that the impairment is other-than-temporary, an impairment shall be recognized in earnings equal to the difference between the investment's amortized cost basis and its fair value at the balance sheet date At June 30, 2010 and 2009, the Medical Center did not recognize a loss for any impaired investments

Provided below is a summary of securities which were in an unrealized loss position at June 30, 2010 These unrealized losses are classified as occurring in the current year or having a negative position for more than twelve months The Medical Center has the ability and intent to hold these securities until such time as the value recovers or the securities mature

	2010					
	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Mutual funds	**$ 486,680**	**$ 20,478**	**$ 6,289,295**	**$ 1,668,831**	**$ 6,775,975**	**$ 1,689,309**
Common stocks	**1,465,530**	**242,957**	**3,204,745**	**1,253,844**	**4,670,275**	**1,496,801**
Bonds	**2,018,920**	**8,180**	**-**	**-**	**2,018,920**	**8,180**
	$ 3,971,130	**$ 271,615**	**$ 9,494,040**	**$ 2,922,675**	**$ 13,465,170**	**$ 3,194,290**

Note 5. Fair Value of Financial Instruments

The *Fair Value Measurements and Disclosures Topic* of the FASB Accounting Standards Codification defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements

This Topic defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date This Topic also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value The Topic describes three levels of inputs that may be used to measure fair value

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets and liabilities

Level 3: Significant unobservable inputs that reflect a company's own assumptions about the assumptions that market participants would use in pricing an asset or liability

Fair Value Measurements

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy

Investments and Assets Limited as to Use: Investment securities and assets limited as to use are recorded at fair value on a recurring basis Fair value measurement is based upon quoted prices, if available If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques such as the present value of future cash flows, adjusted for the security's credit rating Level 1 securities include those traded by dealers or brokers in active over-the-counter markets and money market funds

Assets and Liabilities at Fair Value on a Recurring Basis

The tables below present the recorded amount of assets and liabilities (none at June 30, 2010 and 2009) measured at fair value on a recurring basis at June 30, 2010 and 2009, respectively

	Total at June 30, 2010	Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Assets:				
Assets limited as to use and investments				
Cash and cash equivalents	$ 5,094,091	$ 5,094,091	$ -	$ -
Mutual funds				
Equity	7,920,040	7,920,040	-	-
Fixed income	14,515,249	14,515,249	-	-
Exchange traded	915,730	915,730	-	-
Bonds	3,067,040	-	3,067,040	-

	Total at June 30, 2010	Fair Value Measurements Using Level 1	Level 2	Level 3
Common stocks				
Industrials	2,071,305	2,071,305	-	-
Consumer discretionary	288,280	288,280	-	-
Consumer staples	909,740	909,740	-	-
Energy	933,590	933,590	-	-
Financial	246,900	246,900	-	-
Materials	692,900	692,900	-	-
Information technology	1,785,795	1,785,795	-	-
Healthcare	705,130	705,130	-	-
Telecommunications	230,680	230,680	-	-
Total	$ 39,376,470	$ 36,309,430	$ 3,067,040	$ -

	Total at June 30, 2009	Fair Value Measurements Using Level 1	Level 2	Level 3
Assets:				
Assets limited as to use and investments	$ 35,632,027	$ 35,632,027	$ -	$ -

Assets and Liabilities Recorded at Fair Value on a Nonrecurring Basis

The Medical Center has no assets or liabilities that are recorded at fair value on a nonrecurring basis

Note 6. Property and Equipment

A summary of property and equipment at June 30, 2010 and 2009, follows

	2010	2009
Land	**$ 124,015**	$ 124,015
Buildings	**47,408,722**	49,976,867
Equipment	**38,453,404**	35,081,866
Land improvements	**2,672,391**	2,709,714
	88,658,532	87,892,462
Less accumulated depreciation	**(70,193,211)**	(67,411,365)
	18,465,321	20,481,097
Construction in process	**2,061,553**	1,585,057
Net property and equipment	**$ 20,526,874**	$ 22,066,154

Note 7. Estimated Third-Party Payor Settlements

Estimated third-party payor settlements consist of amounts receivable (payable) to Medicare and Medicaid programs for settlement of current and prior year cost reports, as well as amounts due from the Medicaid program under the disproportionate share program These estimated settlements by program are as follows

	2010	2009
Medicare	**$ (268,998)**	$ (250,000)
Medicaid	**(120,000)**	(100,000)
Medicaid disproportionate share	**(315,173)**	(257,512)
Net intermediary receivable/(payable)	**$ (704,171)**	$ (607,512)

The State of West Virginia Disproportionate Share Hospital State Plan was amended to provide for a settlement process among participating hospitals The state has compiled the information for the years 1997-1999 to begin the settlement process The Bureau for Medicaid services has settled the DSH amounts through 1996 The laws and regulations governing the DSH settlement process are complex, involving statistical data from all participating hospitals, and subject to interpretation Actual results could vary from those recorded by the Hospital and those differences could be material

Note 8. Long-Term Debt, Line of Credit and Subsequent Event

A summary of long-term debt obligations at June 30, 2010 and 2009, follows

	2010	2009
2001 Series A Bonds, net of unamortized discount of $34,731 and $36,359 in 2010 and 2009, respectively	**$ 7,020,269**	$ 7,463,641
2001 Series B Bonds, net of unamortized premium of $148,142 and $155,074 in 2010 and 2009, respectively	**13,948,142**	14,055,074
2005 Series A Bonds, terms below	**4,089,710**	4,797,180
First Choice loan	-	173,677
PNC equipment loan, terms below	**791,036**	977,450
	25,849,157	27,467,022
Less current portion of long-term debt	**(1,497,129)**	(1,613,055)
Total long-term debt	**$ 24,352,028**	$ 25,853,967

2001 Series A and B Bonds

The Weirton Municipal Hospital Commission (the "Commission") issued $25,200,000 in Hospital Revenue Bonds during October 2001 The bonds were issued in two series $10,700,000 in Series A Bonds on October 12, 2001 and $14,500,000 in Series B Bonds on October 29, 2001 Bond proceeds were for the payment of $16,000,000 in outstanding 1992 Series A Bonds and 1999 Series Bonds and to fund the Medical Center expansion and the Medical Center office building project Pursuant to the loan agreement, the Commission loaned the Medical Center the net proceeds of the 2001 Series A and B Bonds The Medical Center will repay the loan in installment payments, which will provide for the payment of principal and interest on the Series A and B Bonds in accordance with the stated maturity and redemption dates The Medical Center's land and building assets have been pledged as collateral on this debt

The 2001 Series A Bonds mature in various amounts through 2031 The stated fixed interest rates range from 4 5% to 6 4% The 2001 Series B Bonds mature in various amounts through 2031 The interest rate is variable based on the BMA index The BMA interest rate in effect at June 30, 2010 was 267%

Additionally, a letter of credit was issued by two participating financial institutions in conjunction with this issuance equal to the amount of the principal component of the 2001 Series B Bonds and 195 days' interest The rates for the outstanding letter of credit were equal to approximately 6% in fiscal years 2010 and 2009

2005 Series A Bonds

The Weirton Municipal Hospital Commission (the "Commission") issued $6,700,000 in Hospital Revenue Bonds during June 2005 The bond proceeds were used for the acquisition and installation of certain information technology upgrades, renovations of Hospital facilities, and routine capital expenditures Pursuant to the loan agreement, the Commission loaned the Medical Center the proceeds of the 2005 Series A Bonds The Medical Center is repaying the loan in installment payments, which will provide for the payment of principal and interest on the bonds in accordance with the stated maturity and redemption dates The Medical Center's gross receipts have been pledged as collateral on this debt

The 2005 Series A Bonds mature in various amounts through July 2015 The stated fixed interest rate is 4 19% with interest only payments until August 2006

PNC Equipment Finance Loan

In May 2009, the Medical Center obtained a $992,692 loan from PNC Equipment Finance, LLC The Medical Center is repaying the loan in monthly installments of principal and interest over five years at a fixed interest rate of 4 039% Proceeds were used for purchase of equipment The note is secured by equipment with a net book value of approximately $600,000

Debt Covenants

The loan agreement and trust indenture of both the 2001 Series A and B Bonds and the 2005 Series A Bonds contain certain financial covenants, which include a debt service coverage ratio, days cash on hand liquidity ratio and maximum long-term debt to capitalization ratio in any fiscal year The Medical Center was not in compliance with the debt service coverage ratio requirement at June 30, 2009 Subsequent to year end, WMC received a waiver of the covenant violations through March 2010, when they will be reviewed again for compliance

Principal payments on long-term debt are as follows

Years Ending	2001 Series A Bonds	2001 Series B Bonds	2005 Series A Bonds	PNC Equipment Loan	Total
2011	$ 465,000	$ 100,000	$ 737,530	$ 194,599	$ 1,497,129
2012	490,000	100,000	768,950	202,606	1,561,556
2013	-	595,000	802,120	210,942	1,608,062
2014	-	625,000	836,220	182,889	1,644,109
2015	-	655,000	871,970	-	1,526,970
2016 and thereafter	6,100,000	11,725,000	72,920	-	17,897,920
Total payments	7,055,000	13,800,000	4,089,710	791,036	25,735,746
Less Amount representing unamortized (discount) premium	(34,731)	148,142	-	-	113,411
	$ 7,020,269	$ 13,948,142	$ 4,089,710	$ 791,036	$ 25,849,157

Line of Credit

The Medical Center had a line of credit agreement with a bank which provides for the availability of borrowings of up to $5,000,000 at a variable rate which was 4 0% at June 30, 2010 At June 30, 2010, total draws on the line of credit were $3,350,415 The line of credit is secured by a first lien security interest in the Hospital's Funded Depreciation account held by PNC Bank Trust

Note 9. Medical Malpractice Coverage

The Medical Center is partially self-insured with respect to medical malpractice claims The Medical Center carries claims-made insurance coverage for claims in excess of $2,000,000 up to a cap of $5,000,000 per claim and a $5,000,000 annual aggregate

The accrued malpractice liability, included in self insurance and other reserves on the balance sheet, is based upon information provided by risk managers, legal counsel, actuaries and past experience and represents management's best estimate The ultimate amount of claims is dependent upon future events Accordingly, it is reasonably possible that a change in estimate will occur in the near term Adjustments, if any, to estimates recorded are reflected in operations in the periods such adjustments are

known Amounts accrued for estimated malpractice costs were $3,347,420 and $3,611,851, at June 30, 2010 and 2009, respectively, and in the opinion of management provide an adequate reserve for loss contingencies

The Medical Center is involved in litigation arising in the ordinary course of business Claims alleging malpractice have been asserted against the Medical Center and are currently in various stages of litigation It is the opinion of management, however, that estimated malpractice costs accrued at June 30, 2010 and 2009, are adequate to provide for potential losses resulting from pending or threatened litigation as well as claims arising from unknown incidents from services provided to patients that may be asserted

Note 10. Retirement Plans and Subsequent Event

Defined Benefit Pension Plan

The Medical Center has a cash balance defined benefit pension plan covering substantially all of its employees, to provide retirement and other benefits to eligible participants based on participant's eligible earnings and accrued interest Each participant has an account, which is credited annually with 3% to 6% of their annual compensation based on years of service, as well as the interest earned on their previous year-end cash balance Interest is credited to the account balance based on the average of the 30-year Treasury bonds for the first day of each of the 12 months of the preceding calendar year The Medical Center's funding policy is to contribute such amounts as are necessary on an actuarial basis to provide plan assets sufficient to meet the benefits to be paid to retirees or their beneficiaries

On July 22, 2009, Weirton Medical Center elected to freeze the Retirement Income Plan's formula for benefit accruals for each participant who is not covered by the collective bargaining agreement This amendment is effective as of September 30, 2009 Participation is frozen such that there shall be no new participants in the Plan after October 1, 2009

As a result of the freeze, no service earned or compensation received at September 30, 2009 shall be used to determine that participant's accrued benefit The Hospital's contributory 403(B) plan remains in place in 2010 and 2009 This freeze in benefit accruals reduced the Plan's projected benefit obligation by $224,733 and was reflected in the determination of the net periodic benefit cost for the 2010 fiscal year

In September 2010, the Medical Center reached a collective bargaining agreement to freeze benefit accruals under the Plan for collectively bargained employees This freeze in benefit accruals becomes effective on November 21, 2010

The following table sets forth the changes in benefit obligations, change in plan assets and components of net periodic benefit cost as of June 30

	2010	2009
Change in projected benefit obligation		
Benefit obligation at the beginning of year	**$ 34,593,924**	$ 33,786,319
Service cost	**795,127**	1,164,131
Interest cost	**2,316,837**	2,199,532
Actuarial (gain)/loss	**4,111,349**	(1,034,392)
Benefits paid	**(2,891,186)**	(1,521,666)
Curtailments/settlements/termination benefits	**(224,733)**	-
Benefit obligation at the end of year	**$ 38,701,318**	$ 34,593,924
Change in plan assets		
Fair value of plan assets at the beginning of year	**$ 25,296,761**	28,651,228
Actual return on plan assets	**2,903,382**	(4,422,801)
Employer contributions	**1,910,000**	2,590,000
Benefits paid	**(2,891,186)**	(1,521,666)
Fair value of plan assets at the end of year	**27,218,957**	25,296,761
Funded status at end of year	**$ (11,482,361)**	(9,297,163)

Amounts recognized on balance sheet consist of:

	2010	2009
Noncurrent liabilities	$ (11,482,361)	$ (9,297,163)
	$ (11,482,361)	$ (9,297,163)

Amounts recognized in other changes in unrestricted net assets consist of:

	2010	2009
Net actuarial (gain)/loss	$ 14,531,715	$ 12,364,035
Prior service cost (credit)	97,305	181,342
	$ 14,629,020	$ 12,545,377

The accumulated benefit obligation was $37,589,924 and $34,032,979 at June 30, 2010 and 2009, respectively

Net periodic benefit cost and other amounts recognized in other changes in net assets:

	2010	2009
Net periodic benefit cost	$ 2,011,555	$ 1,306,768
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Net loss	3,019,134	5,901,017
Recognized gain	(851,454)	(330,588)
Recognized prior service (cost)/credit	(84,037)	(125,125)
Total amount recognized in other changes in net assets	2,083,643	5,445,304
Total recognized in net periodic benefit cost and other changes in net assets	$ 4,095,198	$ 6,752,072

The estimated net loss and prior services cost that will be amortized from unrestricted net assets into periodic benefit cost over the next fiscal year are $987,324 and $935,491, respectively

The actuarially computed net periodic pension costs included the following components

	2010	2009
Service cost	$ 795,127	$ 1,164,131
Interest cost	2,316,837	2,199,532
Expected return on plan assets	(2,035,900)	(2,512,608)
Amortization of prior service cost	13,620	125,125
Recognized actuarial (gain)/loss	851,454	330,588
Net periodic benefit cost	1,941,138	1,306,768
Curtailment charge	70,417	-
Total benefit cost	$ 2,011,555	$ 1,306,768

The weighted-average rates used as of June 30 in determining the plan's benefit obligations were as follows

	2010	2009
Weighted average assumptions as of June 30		
Discount rate	**6.00%**	7 00%
Expected return on plan assets	**8.00%**	8 00%
Rate of compensation income	**4.00%**	4 00%
Cash balance interest rate	**5.00%**	5 25%

The Medical Center's expected rate of return is determined based on a methodology that considers investment real returns for certain asset classes over historic periods of various durations, in conjunction with the long-term outlook for inflation (i e , "building block" approach) This methodology is applied to the actual asset allocation, which is in line with the investment policy guidelines for each plan The Medical Center also considers long-term rates of return for each asset class based on projections from consultants and investment advisers regarding the expectations of future investment performance of capital markets

Plan Assets

The Medical Center's defined benefit pension plans' weighted-average asset allocation at June 30 and weighted-average target allocation were as follows

Asset Category	2010	2009	Target Allocation
Equities	**56%**	51%	50% - 70%
Bonds	**41%**	43%	30% - 50%
Other, including cash	**3%**	6%	0%
	100%	100%	

The underlying basis of the investment strategy of the Medical Center is to ensure that pension funds are available to meet the plans' benefit obligations when they are due The Medical Center's investment objectives include managing the assets in accordance with the legal requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), obtaining prudent investment results which meet the plan's actuarially assumed rate and protecting the assets from any erosion of purchasing power and positioning the portfolio with a long-term risk/return orientation The Medical Center values diversification and has implemented restrictions on its portfolio holdings

Cash Flows

Contributions

The Medical Center contributed $1,910,000 to the Plan in fiscal year 2010 The Medical Center funds its plan in accordance with IRS regulations Discretionary contributions to the pension funds may also be made by the Medical Center from time to time Plan contributions for the next fiscal year are expected to be approximately $1,407,000, however, actual contributions may be affected by pension asset and liability valuations during the year

Estimated Fixed Benefit Payments

The following benefit payments, which reflect expected future services, as appropriate, are expected to be paid

2011	$ 2,737,879
2012	$ 2,481,030
2013	$ 2,648,029
2014	$ 2,713,565
2015	$ 2,810,671
Years 2016-2020	$ 16,842,743

Defined Contribution Retirement Plan

The Medical Center has a contributory defined contribution retirement plan covering substantially all employees The Medical Center's contribution to the Plan is based on a percentage determined annually of each eligible employee's years of service and contribution and approved by the Board of Trustees Total retirement expense under this Plan amounted to approximately $308,000 and $317,000 during fiscal years 2010 and 2009, respectively

Note 11. Concentration of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors at June 30, 2010 and 2009, follows

	2010	2009
Medicare	**24%**	20%
Medicaid	**12%**	16%
Blue Cross	**11%**	11%
Commercial	**33%**	35%
Self-pay	**20%**	18%
	100%	100%

Note 12. Operating Leases

The Medical Center leases various equipment and facilities under operating leases expiring at various dates through 2015 Total rental expense in 2010 and 2009 for all operating leases was approximately $353,000 and $544,900, respectively

The following is a schedule by year of approximate future minimum lease payments under operating leases as of June 30, 2010, that have initial or remaining lease terms in excess of one year

Year Ending June 30,	Amount
2011	$ 461,583
2012	388,404
2013	241,745
2014	159,731
2015	7,290
	$ 1,258,753

Note 13. Related Party Transactions

The Weirton Medical Center Foundation (the "Foundation") was organized for the purpose of raising funds on behalf of the Medical Center and the community to further improve and advance the science of Healthcare delivery The Medical Center's interest in the net assets of the Foundation is reported as a non-current asset in the balance sheets and is based upon the principal amounts contributed to the Foundation by the Medical Center restricted for use of the Medical Center

A summary of the Foundation's assets, liabilities, net assets and statement of activities and changes in net assets follows

STATEMENT OF FINANCIAL POSITION

ASSETS	2010	2009
Cash and cash equivalents	**$ 22,067**	$ (8,219)
Investments	**1,650,146**	1,596,364
Accounts receivable	**300**	-
Other investments	**25,000**	25,000
Total assets	**$ 1,697,513**	$ 1,613,145

LIABILITIES AND NET ASSETS	2010	2009
Net assets		
Unrestricted	**$ 401,922**	$ 317,954
Temporarily restricted	**919**	519
Permanently restricted	**1,294,672**	1,294,672
Total net assets	**1,697,513**	1,613,145
Total liabilities and net assets	**$ 1,697,513**	$ 1,613,145

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Revenue, gains (losses) and other support	**$ 237,323**	$ (215,855)
Operating expenses	**152,955**	277,605
Excess (deficiency) of support and revenue over expenses and change in net assets	**$ 84,368**	$ (493,460)

Note 14. Functional Expenses

The Hospital provides general health care services to residents within its geographic location Expenses related to providing these services are as follows for the years ended June 30, 2010 and 2009

	2010	2009
Patient care	**$ 92,154,726**	$ 93,509,560
General and administrative	**6,818,154**	6,918,393
	$ 98,972,880	$ 100,427,953

Note 15. Healthcare Legislation and Regulation

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation Compliance with such laws and regulations can be subject to government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs As a result, there is at least a reasonable possibility that the recorded estimates will change by material amounts in the near term The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs

The West Virginia Health Care Authority (WVHCA) is empowered, by provisions of the West Virginia Code, to regulate the Medical Center's gross patient revenues from nongovernment payors and to evaluate healthcare-entity financial performance This is accomplished by issuing rate orders, based on facility operating budgets and rate schedules, and through evaluating performance and compliance reports submitted by the Medical Center on a periodic basis For the years ended June 30, 2010 and 2009, the Medical Center had $3,647,974 and $2,120,943 of penalties being held in abeyance by the WVHCA for each year These penalties may be used to reduce future rates at such times and in such amounts according to the WVHCA's discretion The penalties relate to inpatient and outpatient overage These penalties may also be reduced based on annual plans submitted to the Authority outlining community service projects An obligation is not recorded for such penalties in abeyance in the accompanying financial statements as the final resolution for such penalties is unknown and the corresponding obligation cannot be estimated

Note 16. Advertising Expense

The Hospital expenses costs for advertising as they are incurred Advertising cost included in expenses for 2010 and 2009 were approximately $432,300 and $119,700, respectively

Note 17. Collective Bargaining Agreements

The Medical Center employees are subject to a collective bargaining agreement with the Service Employees International Union District 1199 The term of the contract is October 1, 2010 until midnight September 30, 2013 The bargaining unit includes skilled maintenance, technical, and service employees, or approximately 50% of the Medical Center's workforce

Note 18. Management Agreement

The Medical Center has entered into a management agreement with QHR Intensive Resources, LLC (QIR) effective May 1, 2010 for a two-year term Either party may terminate this agreement at any time without cause, by providing the other party at least sixty days prior written notice The Medical Center will pay QIR a fixed annual fee of $2,000,000