

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493320006470

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
United Hospital Center Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Bridgeport, WV 26330

F Name and address of principal officer:
Mr Mike Tillman
327 Medical Park Drive
Bridgeport, WV 26330

D Employer identification number

55-0525724

E Telephone number

(681) 342-1605

G Gross receipts \$ 459,177,239

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates 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: ▶ <https://wvmedicine.org/united-hospital-center/>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1970

M State of legal domicile:
WV

Part I Summary

Activities & Governance

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

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

3

4

5

6

7a

7b

3

4

5

6

7a

7b

3 15
4 13
5 2,754
6 235
7a -580,617
7b

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior YearCurrent Year
118,25865,488
391,681,163442,419,081
12,154,9008,456,690
3,949,4486,925,383
407,903,769457,866,642

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12

00162,947,038172,266,2860
191,273,896223,248,748
354,220,934395,515,034
53,682,83562,351,608

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current YearEnd of Year
643,713,315730,140,453
277,166,659277,260,800
366,546,656452,879,653

Part II Signature Block

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

Sign Here

Signature of officer
Jim Rutkowski VP of Finance
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶
Firm's address ▶

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no.

PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 77,576,881	including grants of \$	(Revenue \$ 96,664,692)
	See Additional Data			

4b	(Code:)	(Expenses \$ 56,871,807	including grants of \$	(Revenue \$ 80,150,516)
	See Additional Data			

4c	(Code:)	(Expenses \$ 25,561,550	including grants of \$	(Revenue \$ 43,385,829)
	See Additional Data			

4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ 175,818,382	including grants of \$	(Revenue \$ 227,057,946)	

4e	Total program service expenses ►	335,828,620		
-----------	----------------------------------	-------------	--	--

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 instructions)? 	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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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, line 10? 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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	205
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 or note to any line 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	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	13	
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 Jim Rutkowski 327 Medical Park Drive Bridgeport, WV 26330 (681) 342-1605

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,301,027	151,774	811,211

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 302

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Medical Solutions LLC 13609 California St Omaha, NE 681545260	Healthcare Staffing Services	959,462
High Point Construction Group LLC 643 Route 20 South Rd PO Box 577 Buckhannon, WV 262014047	Construction Services	955,537
Mascaro Construction Co LP 1720 Metropolitan St Pittsburgh, PA 15233	Construction Services	920,888
Mayo Collaborative Services Inc 200 SW 1st St Rochester, MN 559050001	Laboratory Services	781,184
JJP recruiting LLC PO Box 1708 Watkinsville, GA 306770034	Healthcare Staffing Services	547,570

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 19

Form 990 (2019)										Page 9							
Part VIII Statement of Revenue																	
Check if Schedule O contains a response or note to any line in this Part VIII												☐					
										(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns		1a													
		b Membership dues		1b													
		c Fundraising events		1c													
		d Related organizations		1d		26,488											
		e Government grants (contributions)		1e													
		f All other contributions, gifts, grants, and similar amounts not included above		1f		39,000											
		g Noncash contributions included in lines 1a - 1f:\$		1g													
		h Total. Add lines 1a-1f						65,488									
Program Service Revenue				Business Code													
		2a Net Patient Service Revenue		621500		434,486,290		434,486,290									
		b Pharmacy Income		900099		6,274,523		6,274,523									
		c Physician Office Rental Income - Related Parties		900099		1,188,133		1,188,133									
		d Reimbursements - Related Orgs		900099		323,662		323,662									
		e Clinical Laboratory		900099		146,473		146,473									
		f All other program service revenue.															
		g Total. Add lines 2a-2f.				442,419,081											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				8,456,690				-580,617		9,037,307					
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a		1,775,528											
		b Less: rental expenses		6b		1,310,597											
		c Rental income or (loss)		6c		464,931											
		d Net rental income or (loss)				464,931		462,997									
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a													
		b Less: cost or other basis and sales expenses		7b													
		c Gain or (loss)		7c													
		d Net gain or (loss)															
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less: cost of goods sold		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue		Business Code															
11a Allied Services Revenue		900099		3,485,117		3,485,117											
b Cafeteria Income		900099		2,083,547						2,083,547							
c Facilities Management		900099		397,380		397,380											
d All other revenue				494,408		494,408											
e Total. Add lines 11a-11d						6,460,452											
12 Total revenue. See instructions						457,866,642		447,258,983		-580,617		11,120,854					

Form 990 (2019)

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,210,223	2,828,393	2,381,830	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	132,126,428	125,054,079	7,072,349	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,675,501	5,537,551	137,950	
9 Other employee benefits	19,132,643	18,157,473	975,170	
10 Payroll taxes	10,121,491	9,579,717	541,774	
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,003		3,003	
c Accounting	0			
d Lobbying	35,782	35,782		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,076,954	13,981,614	1,095,340	
12 Advertising and promotion	634,604	8,271	626,333	
13 Office expenses	9,434,073	6,799,394	2,634,679	
14 Information technology	36,170	32,435	3,735	
15 Royalties	0			
16 Occupancy	3,788,242	2,891,616	896,626	
17 Travel	1,073,638	1,045,716	27,922	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	170,394	160,972	9,422	
20 Interest	7,904,554	6,159,946	1,744,608	
21 Payments to affiliates	49,516,922	15,497,551	34,019,371	
22 Depreciation, depletion, and amortization	22,249,466	17,807,075	4,442,391	
23 Insurance	-469,788	-770,341	300,553	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	76,376,825	76,376,825		
b Provision for Doubtful Accounts	21,377,929	21,377,929		
c Taxes, Licenses Fees	13,649,978	11,553,440	2,096,538	
d Recruiting	1,661,574	1,661,574		
e All other expenses	728,428	51,608	676,820	
25 Total functional expenses. Add lines 1 through 24e	395,515,034	335,828,620	59,686,414	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,207	1	5,855
	2	Savings and temporary cash investments		32,838,484	2	52,862,794
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		88,627,003	4	94,158,592
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,381,471	8	5,648,990
	9	Prepaid expenses and deferred charges		6,183,688	9	3,192,546
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	520,481,252		
	b	Less: accumulated depreciation	10b	241,543,118		
				282,824,865	10c	278,938,134
	11	Investments—publicly traded securities		225,041,685	11	285,756,373
	12	Investments—other securities. See Part IV, line 11		1,453,138	12	8,274,605
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,354,774	15	1,302,564	
16	Total assets. Add lines 1 through 15 (must equal line 34)		643,713,315	16	730,140,453	
Liabilities	17	Accounts payable and accrued expenses		41,585,418	17	43,498,721
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		171,036,923	20	175,385,389
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		55,345,000	23	47,845,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		9,199,318	25	10,531,690
26	Total liabilities. Add lines 17 through 25		277,166,659	26	277,260,800	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		366,546,656	27	452,879,653
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		366,546,656	32	452,879,653	
33	Total liabilities and net assets/fund balances		643,713,315	33	730,140,453	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	457,866,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	395,515,034
3	Revenue less expenses. Subtract line 2 from line 1	3	62,351,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,546,656
5	Net unrealized gains (losses) on investments	5	24,971,886
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-990,497
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	452,879,653

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 55-0525724
Name: United Hospital Center Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

UHC provides internal medicine care in the diagnosis and treatment of diseases affecting the heart, blood, kidneys, joints and digestive, respiratory and vascular systems. Patient visits in internal medicine were 4,753 in 2019.

Form 990, Part III, Line 4b:

As part of the United Hospital Centers commitment to ensuring access to primary care, a family medicine residency program was established in 1974. The program is one of nine available in West Virginia and accounted for approximately 15 of the graduates in these programs. Patient visits to the UHC Family Medicine Clinic were 16,128 in 2019.

Form 990, Part III, Line 4c:

UHCs Emergency Center is one of the busiest emergency departments in West Virginia, treating nearly 50,000 patients annually. The centers experienced staff of emergency medicine trained physicians and nurses works to ensure that patients receive lifesaving medical care quickly and effectively. UHC had 55,354 emergency department visits in 2019.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Joshua Sykes Physician	40.00					X		1,069,795	0	38,735
Joseph Fazalare Board Member, Ex-Officio, Surgeon	40.00	X						973,408	0	35,504
Christopher Courtney Physician	40.00					X		950,368	0	39,258
Jeffrey Madden MD Physician	40.00					X		926,126	0	38,554
Kimberly Fairley DO Physician	40.00					X		893,332	0	14,335
Marc Costa MD Physician	40.00					X		873,235	0	22,809
Mike Tillman President / CEO	40.00			X				648,609	0	46,752
Eric Radcliffe CMO	40.00			X				424,339	0	72,372
Jeff Bolyard Vice President, General Counsel	40.00			X				354,005	0	57,117
John Forester VP - Provider Network Services, UPC Executive Director	25.00 25.00			X				151,774	151,774	70,936

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Jim Rutkowski Vice President of Finance	40.00			X				314,573	0	53,288
Mark Povroznik Vice President, Quality	40.00			X				297,377	0	59,593
Geoffrey Marshall Vice President of Support Services	40.00			X				263,962	0	58,160
Stephanie Smart Vice President, Nursing	40.00			X				258,015	0	55,216
Linda Carte Vice Present, Cancer Center Post-Acute Care	40.00			X				259,732	0	46,389
John Fernandez Vice President, Operations	40.00			X				245,228	0	46,515
Evan Morgan MD Board Member, Ex-Officio, Hospitalist	40.00	X						241,557	0	33,954
Tim Allen Vice President, Human Resources	40.00			X				155,592	0	21,724
Jeff Barger Board Member, Chair	2.00	X		X				0	0	0
Hank Lawrence Board Member, Vice Chair	2.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Woody Thrasher Board Member	2.00	X						0	0	0
Brian Jarvis Board Member, Treasurer	2.00	X		X				0	0	0
Dennis Xander Board Member	2.00	X						0	0	0
Katherine Wagner Board Member, Secretary	2.00	X		X				0	0	0
Stephen McIntire Board Member	2.00	X						0	0	0
Joann James Board Member	2.00	X						0	0	0
Tonya Sutton Board Member	2.00	X						0	0	0
Randall Light Board Member	2.00	X						0	0	0
Debra Herndon Board Member	2.00	X						0	0	0
Ray Shaw Board Member	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Phil Hart Board Member	2.00	X						0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Hospital Center Inc

Employer identification number
55-0525724

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	0 %
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. If the organization did not check a 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. 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 VI 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009610

Software Version: 19.2.1.0

EIN: 55-0525724

Name: United Hospital Center Inc

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization United Hospital Center Inc	Employer identification number 55-0525724
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,197
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30,585
j	Total. Add lines 1c through 1i			35,782
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
II-B 1g	The CEO of United Hospital Center, Inc. as part of his duties, monitors legislation that may potentially affect UHC and voices his support or concerns regarding that legislation to legislators either in person, by phone, or by mail.
II-B 1i	This amount is calculated based on information provided by the West Virginia Hospital Association and the American Hospital Association. The American Hospital Association estimates that 23.32 of the 2019 dues were allocated to lobbying expense. The West Virginia Hospital Association estimates that during 2019, 16.32 of the dues paid should be allocated to lobbying expense.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493320006470

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Hospital Center Inc

Employer identification number
55-0525724

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can 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" on 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, 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 XIII.

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" on 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 XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,757,815		9,757,815
b Buildings		293,288,743	89,721,299	203,567,444
c Leasehold improvements		4,139,655	720,033	3,419,622
d Equipment		186,926,189	142,836,885	44,089,304
e Other		26,368,850	8,264,901	18,103,949
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				278,938,134

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(3) Other _____		
(A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	10,531,690

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	462,771,195
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	24,971,886
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-21,377,930
e	Add lines 2a through 2d	2e	3,593,956
3	Subtract line 2e from line 1	3	459,177,239
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 XIII.)	4b	-1,310,597
c	Add lines 4a and 4b	4c	-1,310,597
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	457,866,642

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	375,447,700
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 XIII.)	2d	1,310,597
e	Add lines 2a through 2d	2e	1,310,597
3	Subtract line 2e from line 1	3	374,137,103
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 XIII.)	4b	21,377,930
c	Add lines 4a and 4b	4c	21,377,930
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	395,515,033

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 55-0525724
Name: United Hospital Center Inc

Supplemental Information

Return Reference	Explanation
X 2	Most of the entities that comprise the System are tax-exempt organizations and not subject to federal or state income taxes in accordance with Section 501c3 of the Internal Revenue Code. On such basis, they will not incur any liability for income taxes, except for possible unrelated business income. AHS, WVUIS and GHC are organizations subject to federal and /or state income taxes. The System does not have any material uncertain tax positions as of December 31, 2019 and 2018.

Supplemental Information	
Return Reference	Explanation
XI 2d	This consists of 21,377,930 provision for doubtful accounts which is an offset to revenue on the financial statements and an expense for Form 990 purposes.

Supplemental Information

Return Reference	Explanation
XI 4b	Rental Expense of 1,310,597 is presented as an offset to Rent Revenue for 990 purposes.

Supplemental Information

Return Reference	Explanation
XII 2d	Rental Expense of 1,310,597 is presented as an offset to Rent Revenue for 990 purposes.

Supplemental Information	
Return Reference	Explanation
XII 4b	This consists of 21,377,930 provision for doubtful accounts which is an offset to revenue on the financial statements and an expense for Form 990 purposes.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
United Hospital Center Inc

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
55-0525724

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," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, 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 hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
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 eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	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 Worksheet 1)			3,836,320		3,836,320	1.030 %
b Medicaid (from Worksheet 3, column a)			78,473,672	45,239,645	33,234,027	8.900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			519,242	519,242		
d Total Financial Assistance and Means-Tested Government Programs			82,829,234	45,758,887	37,070,347	9.930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			43,107		43,107	0.010 %
f Health professions education (from Worksheet 5)			4,432,156	3,324,752	1,107,404	0.300 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			176,088		176,088	0.050 %
j Total. Other Benefits			4,651,351	3,324,752	1,326,599	0.360 %
k Total. Add lines 7d and 7j			87,480,585	49,083,639	38,396,946	10.290 %

Part II Community Building Activities Complete this table if the organization conducted any 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			2,433,767		2,433,767	0.620 %
8 Workforce development						
9 Other						
10 Total			2,433,767		2,433,767	0.620 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	6,654,949	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	244,050	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	175,759,549	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	206,834,718	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-31,075,169	
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 Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): wvumedicine.org/united-hospital-center/wp-	7	Yes
a ☒ Hospital facility's website (list url): <u>content/uploads/sites/14/2020/01/United-Hospital-Center-CH</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? wvumedicine.org/united-hospital-center/about-us/community-health-needs-	10	Yes
a If "Yes" (list url): <u>assessments/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000200.000000000000 % and FPG family income limit for eligibility for discounted care of %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☐ Underinsurance discount		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a ☒ The FAP was widely available on a website (list url): wvumedicine.org/bill-pay/financial-assistance/		
b ☒ The FAP application form was widely available on a website (list url): wvumedicine.org/bill-pay/financial-assistance/		
c ☒ A plain language summary of the FAP was widely available on a website (list url): wvumedicine.org/bill-pay/financial-assistance/		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☒ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24	Yes	

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 3c	UHC does maintain a formal Financial Assistance/Charity Care policy. Charity care is provided to those patients where the household income defined as income for the patient and any related guarantor as listed on the most recent Federal Tax Return is at 200 or below federal poverty guidelines as published annually by the Community Service Administration in the Federal Register and where there are not substantial cash convertible assets or disposable income. Charity is predicated on the patient seeking Medicaid eligibility and fully cooperating with hospital staff provide bank statements, proof of income, etc. Medicaid eligibility may be reevaluated each month or in connection with new services provided during the approved charity period 6 months. If a patient qualifies for charity care assistance, 100 of the billable charges are eliminated.
Part I Line 3c	UHC will provide an amounts generally billed AGB discount to true selfpay patient balances due, regardless of income levels. Accounts will be reviewed to verify no other insurance/third party is responsible for balance due. The AGB is not applicable to Workers Compensation, Motor Vehicle Accidents, cosmetic or cardiac rehab phase III balances.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 3c	Patients requesting a discount on balances due can receive a 20 discount for payment in full. The discount can be applied on any balance, including balances after the AGB discount has been applied.
Part I Line 6a	UHC community benefit numbers are reported in total with the other hospitals within West Virginia United Health System. The 2019 amounts can be found at the following web address https://wvumedicine.org/about/community-benefit/ .

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 7	Total community benefit expense for 2019 is 87,480,585 and is 23.44 of total net expenses. To calculate net expense, bad debt of 21,377,929 was deducted from total expenses of 394,641,302 as shown in Part IX line 25 of the core Form 990, for a net expense of 373,263,373.
Part I Line 7	Worksheet 2 from the IRS Schedule H instructions was used to derive the Cost-to-Charge ratio, which was used to calculate Charity Care, Unreimbursed Medicaid and other means-tested government programs at cost.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II	United Hospital Center supports Health Access, a free health care clinic that it helped to organize. The clinic serves indigent members of the community. United Hospital Center provided free health care services and served 1,259 patients supported by Health Access. Family medicine physicians volunteer their services after hours to the Health Access clinic to improve access to health care services for Harrison county citizens who can not afford to have health insurance coverage.
Part III Line 2	Patient receivables are reported at net realizable value. Accounts are written off when they are determined to be noncollectable based upon managements assessment of individual accounts. The allowance for doubtful collections is estimated based upon a periodic review of the accounts receivable aging, payer classifications, and application of historical write-off percentages. The estimated cost of services provided that ultimately result in bad debt expense are estimated utilizing the cost-to-charge ratio as determined by the filed cost report for the corresponding tax year related to this Form 990.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 2	Bad Debt Expense at cost was calculated by multiplying bad debt expense of 21,377,929 by our cost-to-charge ratio of 31.13 derived from Worksheet 2 in the IRS Schedule H instructions for a total of 6,654,949.
Part III Line 3	Estimated bad debt attributable to patients eligible for charity care was calculated by running a report within our patient revenue software of all bad debt account balances greater than 25,000. The total of that report was 783,971 which we then multiplied by our cost to charge ratio of 31.13 for a total of 244,050.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 3	The estimated bad debt attributable to patients eligible for charity care of 244,050 should be considered community benefit due to the fact that anyone with outstanding balances of 25,000 or greater usually qualifies as catastrophic if the patient completes the application process.
Part III Line 3	In our charity care policy, we define catastrophic care as any illness or injury that will likely require continuous or frequent treatment for more than one year. Regardless, that bad debt should be considered community benefit as we provide services to those in need regardless of their ability to pay.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 4	United Hospital Centers financial statements are prepared on a consolidated basis as a member of the WV United Health System. The footnote for Accounts Receivable is as follows Patient accounts receivable are reported at net realizable value. For accounts receivable associated with services provided to patients who have third-party coverage, the System estimates net realizable value based on the estimated contractual reimbursement percentage, which in turn is based on current contract provisions and historical paid claims by payor. For self-pay accounts, including uninsured and patient responsibility accounts, the net realizable value is determined using historical collection experience, adjusted for estimated conversion of patient responsibility portions, expected recoveries and changes in trends to estimate implicit price concessions. Management continually reviews the estimated net realizable value of accounts receivable by monitoring cash collections, economic conditions and trends, changes in payor mix, changes in federal or state healthcare coverage and other matters. The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements, primarily with Medicare, Medicaid and various commercial insurance companies. The System records accounts receivable net of estimated price concessions and such amounts have historically been within managements expectations. The mix of accounts receivable at December 31, 2019, from patients and third-party payors is as follows Medicare - 27, Medicaid - 17, Blue Cross - 24, Commercial, managed care and other - 26, Patients - 6, totaling 100.
Part III Line 4	For receivables associated with self-pay patients, which includes both patients without insurance and insured patients with deductible and copayment balances, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 8	Part III Line 6 was calculated using total cost from the Medicare Cost Report less Medicare reimbursement of direct GME. United Hospital Centers shortfall of 31,075,169 on Medicare program should be considered a community benefit because we are relieving a government burden by providing care in excess of our cost to these patients.
Part III Line 9b	UHC does maintain a formal Credit Collections policy. The policy reiterates that care will be provided to all patients that present to UHC regardless of their ability to pay for such services. The policy describes payment discounts that may be available as well as description of other financial assistance programs at UHC e.g. Charity Care and the option of payment plans. The policy does describe collection practices and procedures that may be followed by the UHC staff should a patient not cooperate in the account resolution process. When a patient has been approved for financial assistance under our charity care policy, they will not be sent to bad debt. Additionally, if a patient is being evaluated for charity, the patient will not be sent to bad debt agency pending charity guarantor status until the pending status has been finalized approved/denied. All other patients with outstanding balances will be processed through billing and collections pursuant to our Financial Policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 2	United Hospital Center considers several components in assessing how the organization determines the need of the communities it serves. Through outside consults to collaborating with various departments, a needs assessment takes into account several factors including physicians to population ratios, physician availability in the entire service area, and general health risks for our community. The Primary Service Area for United Hospital Center includes Harrison and Doddridge County, WV. This data is then analyzed to provide general estimates to where United Hospital Center could better care for residents in these counties.
Part VI Line 2	Population and demographic data is provided by WVU Medicines population health and enterprise analytics department.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 3	UHC maintains a formal Financial Assistance Policy. Identification of financial assistance is provided through Financial Counseling, Registration, Patient Accounts Representative, Credit Counselors and/or other Associates in the Patient Accounts Department. This policy is also available for review at https://wvumedicine.org/bill-pay/financial-assistance/ .
Part VI Line 4	UHC defines its primary service area as Harrison and Doddridge Counties West Virginia. According to 2019 estimates, the primary service area is comprised of approximately 75,954 people. Located in mostly rural West Virginia, residents in UHCs primary service area have an unemployment rate of 7 and an average household income of 73,116 and 56,403 for Harrison and Doddridge counties respectively.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	UHC supports Health Access, a free health care clinic that it helped organize. The clinic serves indigent members of the community. In 2019, UHC provided free health care worth more than 2.4 million to the clinic and its patients. Many hospital associates and medical staff, including residents, volunteer their time at the clinic. In addition, UHC conducts diabetes support groups and education for adults and youth. UHC staff interacts with several community organizations by donating time to serve as educators and community or board members. UHC Respiratory Care, Pharmacy, and Nursing departments along with American Lung Association co-sponsor an annual statewide asthma camp for children ages 8-13 to promote the development of self-management skills. Family medicine residents teach sex education classes for area schools as well as perform physical exams for student athletes. Family medicine residents also conduct our local Shriner Orthopedic Screening Clinic and also conduct weekly obstetric clinics at the Harrison and Doddridge County Health Departments. UHC also provides administrative facilities for American Cancer Society and provides classrooms for groups such as American Red Cross to hold blood drives. See Part III of Form 990 for further description of community building programs that UHC participates in, funds, and/or supports.
Part VI Line 5	UHCs board of directors is a community board, comprised of 15 members living in the UHC primary service area. Our medical staff is an open medical staff comprised of primarily private groups and physicians. As physician recruiting has become more difficult in rural areas, UHC has also been forced to employ a number of physician specialists as well as partner with the West Virginia University School of Medicine and its faculty plan to provide other necessary physician services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 6	United Hospital Center UHC is a part of the West Virginia United Health System WVUHS. WVUHS is a not-for-profit corporation formed to serve as part of an integrated health science and healthcare delivery team. WVUHS serves as the parent corporation to an affiliated group of healthcare providing entities. The strategic plan of the System states intent to build a regional health care delivery system in its services area, while offering a variety of options for providers who want to participate. The System maintains a demonstrated commitment to assist rural communities in preserving and improving the health care available to the patients it serves.
Part VI Line 6	System management is focused on recruitment of staff and employees to meet the growing needs of the aging population in the Systems service areas. Other hospitals in the System include West Virginia University Hospitals, Inc. in Morgantown, WV, Camden-Clark Memorial Hospital in Parkersburg, WV, City Hospital, Inc. in Martinsburg, WV, Jefferson Memorial Hospital in Ranson, WV, Potomac Valley Hospital in Keyser, WV, St. Josephs Hospital of Buckhannon, Inc. in Buckhannon, WV, Reynolds Memorial Hospital, in Glen Dale, WV, West Virginia Health Care Cooperative, doing business as, Summersville Regional Medical Center in Summersville, WV, Braxton County Memorial Hospital in Gassaway, WV, and Community Health Association, doing business as, Jackson General Hospital in Ripley, WV.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 6	The System also includes the physician practices of United Physicians Care, Inc. and Camden-Clark Physician Corp that operate in conjunction with the System hospitals along with United Summit Center, a behavioral health center located in Clarksburg, WV. In addition to these practices, the System also includes WVUH-East, Inc. and Camden-Clark Health Services which operate as management companies for their respective hospitals. The System also includes University Healthcare Foundation in Martinsburg, WV, United Health Foundation in Bridgeport, WV, Camden-Clark Foundation in Parkersburg, WV, St. Josephs Foundation of Buckhannon, Inc. in Buckhannon, WV, and Reynolds Memorial Foundation in Glen Dale, WV, which perform various fundraising activities for their respective hospitals.

Additional Data

Software ID: 19009610

Software Version: 19.2.1.0

EIN: 55-0525724

Name: United Hospital Center Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	United Hospital Center 327 Medical Park Drive Bridgeport, WV 26330 wvumedicine.org/united-hospital-center/ 107	X	X		X			X			A

Form 990 Part V Section C Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group United Hospital Center Line Part V, Section B, Line 5	The Community Health Needs Assessment CHNA was prepared by Thomas Bias, Christiaan Abildso, and Emily Sarkees from the West Virginia University Health Research Center. The CHNA process began with a thorough review of the previous cycles needs assessment report and implementation plan. The CHNA also involved collecting both primary and secondary data. Primary data was comprised of a survey of community members perceptions of health issues followed by a community event focused on reviewing survey data, discussing community resources and assets that impact population health in the area, and working as a group to outline possible implementation strategies for each area of concern. Secondary data included US census data and County Health Ranking Data. The stakeholders represent the broad interest of the communities served by United Hospital Center. The public survey was made available online and through hard copies and was intended for residents 18 years of age and older. Some of the collection points and contact lists included Bridgeport Health Fair, Bridgeport Pediatric Practice, Bridgeport/Shinnston Physicians Care location, Doddridge Clinic, Doddridge County Shop n Save, First Energy Fair - Shinnston, Spinal Treatment Center, UHC registration and Whitehall Medical - Fairmont. A community meeting was also held by UHC leadership to get more input from the public, especially from organizations who already provide essential services. Organizations represented at the community meeting included but was not limited to City of Bridgeport, Clarksburg Mission, Community Resources, Doddridge County Board of Education, Doddridge County Senior Center, Fairmont State University, Family Services, Harrison County Board of Education, HCEDC, Health Access, Inc., Healthy Harrison, Highland Hospital, HOPE, IC Parish Nurses, Northwestern Mutual, Salem Church of God, Shinnston Economic Development, United Summit Center, VAMC and WV Prevention Solutions. The CHNA can also be found here https://wvumedicine.org/united-hospital-center/about-us/community-health-needs-assessments/
Group United Hospital Center Line Part V, Section B, Line 11	According to the CHNA, following the community meeting, the leadership team discussed the totality of information collected through the survey and community events, working to identify priority areas for developing implementation strategies. With leadership and the community meeting group, WVU SPH reviewed summarized survey data, including overall responses to the three most important health problems or issues. Health problems pertains to mainly clinical items such as health and disease topics however, when creating the survey tool, the hospital leadership saw value in asking about factors affecting health outcomes. For this reason, topics were grouped into three questions clinical health and disease items e.g. heart disease, addiction, cancer, quality of life and built or natural environmental factors e.g. air quality, availability of sidewalks, cost of medications, as well as things seen as personal choices or behaviors e.g. vaping, distracted driving, poor eating choices. This allowed the leadership team to cross-reference clinical items with the life factors and personal choices for a deeper understanding of the common themes, and a snapshot perspective of where in life the hospital might be able to implement strategies that will impact many. Survey results for health and disease included 1. Drug addiction/dependence, 2. Obesity 3. Cancers. Survey results for quality of life environment included 1. Low income, 2. Lack of access to recreation spaces for all ages 3. Food insecurity. Survey results for personal choice risky behaviors included 1. Drug abuse 2. Bad eating choices 3. Alcohol abuse.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group United Hospital Center Line Part V, Section B, Line 11	According to the CHNA, during the prioritization process that followed the community meeting, leadership team members revisited common priority areas within the context of discussions and feedback from the morning. Utilizing a prioritization matrix to guide discussion, the group considered the degree to which the hospitals can realistically affect health outcomes for each priority health concern, endeavors already underway for each, as well as level of importance relative to the reach of their impact. The list of top health concerns was pared down and reconfigured to the three that will be the focus moving forward with implementation planning. These included 1. Cancer 2. Obesity chronic disease and 3. Substance use and abuse.
Group United Hospital Center Line Part V, Section B, Line 11	The top health concerns identified by the stakeholders outlined in the CHNA are being addressed by United Hospital Center in the following ways. For substance abuse, many existing community relationships and potential partners are already in place. United Hospital Center leadership identified educating youth as a potential benefit and is in the process of addressing the gap left in the community by the closure of the Harrison County Health Departments Harm Reduction Clinic. With regards to obesity and chronic disease, leadership recognizes the current programming already in place to aid in the prevention of obesity and chronic disease. However, there are opportunities to expand programming in this area. Lastly, the leadership team has recognized the prevalence of cancer within the State as well as the local community. With this being said, strategies and build-out efforts are in the works to address this identified need.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group United Hospital Center Line Part V, Section B, Line 13h	All patient provided services at UHC are charged the same amount for the same service received. Consideration for establishing new charges is based on the CMS Medicare CPT payment weights. The charge master at UHC as in all WV hospitals is approved on an annual basis by the WV Health Care Authority per legislative mandate. UHC will provide financial assistance/charity care at 100 percent of billed charges to those patients where the household income defined as income for all individuals existing in the same dwelling is at 200 percent or below the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register and where there are not substantial cash convertible assets or disposable income as defined in the Charity Care Policy. Elective procedures or cosmetic/plastic procedures may not be eligible to be covered under the financial assistance/charity care program. Financial assistance/charity care is predicated upon the completion of the Patient Financial Status Statement as well as the patient seeking Medicaid eligibility. An individuals failure to comply with UHCs documentation and/or soliciting Medicaid process shall be excluded from consideration. An associate from the Business Office is available to assist patients in this process and will analyze the Patient Financial Status Statement according to UHCs guidelines in the Financial Assistance/Charity Care Policy.
Group United Hospital Center Line Part V, Section B, Line 20e	Financial assistance signs are posted in all admission areas as well as the ER and Family Medicine. In addition, registration gives all self-pay patients a charity application when admitted there is a Notice of Availability of Financial Assistance on the statements that are mailed to the patients. Collectors and patient representatives let the patients know about financial assistance available when calling. In addition, UHC utilizes a third party that attempts to meet with uninsured patients to determine whether such patient qualifies for Medicaid and/or other forms of assistance under federal, state, or local programs.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group United Hospital Center Line Part V, Section B, Line 24	All patients are charged an amount equal to gross charges regardless of payment method. Once FAP eligibility is confirmed, charge amounts are moved to Charity Care and no longer charged to the patient.
Group United Hospital Center Line Part V, Section B, Line 11	UHC has provided a succinct list of strategies in their 2020 implementation plan to address the prioritized needs identified in the CHNA Substance Use and Abuse, Obesity Chronic Disease, Cancer. These strategies included Addiction Resource Guide discoverrecovery.org , WDTV Community Education Series, 5-2-1-0 Program, Dining with Diabetes, School-based Walking Program, Low-Dose Cancer Screenings, Educational Series- Vaccine-Preventable Cancers and Dare to C.A.R.E. The Addiction Resource Guide targets community concerns related to substance use and abuse. Activities include update existing resources on the website and implementing Google and other analytics for the website. According to UHCs 2020 implementation plan, The WDTV Community Education Series provides community education about many health topics including but not limited to cancer, cardiovascular disease, substance use and abuse, diabetes and obesity. The 5-2-1-0 Program, Dining with Diabetes, School-based Walking Program and Dare to C.A.R.E. all target the prevention and management of obesity and chronic disease in both the youth and adult populations within UHCs primary service area. Finally, the Low-Dose Cancer Screenings Educational Series on Vaccine-Preventable Cancers addresses the community concern of cancer by providing educational information related to vaccine-preventable cancers as well as free low-dose cancer screenings within the local community. In summary, all of the prioritized needs identified in the most recent CHNA have been addressed by UHC in the 2020 implementation plan.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization United Hospital Center Inc		Employer identification number 55-0525724

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I Line 7	There are some officers and key employees of the hospital that are eligible for annual bonus compensation if they meet goals and achievements that are set at the beginning of each year and are approved by the board of directors. The annual incentive bonuses are only paid after achievements are assessed and only if the hospital achieves at least 80 of its budgeted operating margin. If the hospital has a negative operating margin, that annual incentive bonus will not be awarded.
Part I Line 4b	Mike Tillman received CAA distributions of 75,638 in 2019 Tim Allen received CAA distributions of 9,259 Linda Carte received CAA distributions of 7,689. These amounts were appropriately reported as compensation on Form W-2 for 2019.
Part I Line 4b	The following individuals received deferred compensation contributions in 2019 Jim Rutkowski in the amount of 24,991 Geoffrey Marshall in the amount of 21,372 Mark Povroznik in the amount of 23,812 Jeff Bolyard in the amount of 27,891 John Fernandez in the amount of 19,741 Stephanie Smart in the amount of 21,412 Linda Carte in the amount of 11,661 Eric Radcliffe in the amount of 33,500 and John Forester in the amount of 17,851 from UHC and 17,851 from related party, UPC. These amounts were properly recorded in deferred compensation on the Form 990 Schedule J.
Part I	Compensation for United Hospital Centers CEO is determined by the WV United Health System compensation committee. The system engages an independent group to perform an executive compensation review and compensation survey every two years. This information is provided to the committee, which is made up of independent board members who are then responsible for setting the compensation packages offered to each executive ensuring that the compensation package offered does not exceed fair market value.
Part I Line 6a	Per the WVUHS Incentive Plan incentives are contingent on meeting a net earning target.
Part II	Amounts reported in column f were paid out by a third party administrator who was responsible for tax reporting.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 55-0525724
Name: United Hospital Center Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Mike Tillman President / CEO	(i)	423,096	132,653	92,860	20,163	26,589	695,361	
	(ii)	-----	-----	-----	-----	-----	-----	-----
1Jim Rutkowski Vice President of Finance	(i)	244,105	63,078	7,391	34,498	18,789	367,861	29,932
	(ii)	-----	-----	-----	-----	-----	-----	-----
2Geoffrey Marshall Vice President of Support Services	(i)	208,739	52,680	2,542	40,013	18,148	322,122	23,483
	(ii)	-----	-----	-----	-----	-----	-----	-----
3Tim Allen Vice President, Human Resources	(i)	83,850	59,910	11,832	6,788	14,936	177,316	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4Mark Povroznik Vice President, Quality	(i)	229,375	62,572	5,430	33,691	25,902	356,970	21,046
	(ii)	-----	-----	-----	-----	-----	-----	-----
5Jeff Bolyard Vice President, General Counsel	(i)	272,410	74,424	7,171	31,581	25,536	411,122	26,502
	(ii)	-----	-----	-----	-----	-----	-----	-----
6John Fernandez Vice President, Operations	(i)	189,958	50,296	4,973	27,927	18,589	291,743	21,210
	(ii)	-----	-----	-----	-----	-----	-----	-----
7Stephanie Smart Vice President, Nursing	(i)	204,436	51,543	2,036	29,980	25,236	313,231	22,048
	(ii)	-----	-----	-----	-----	-----	-----	-----
8Linda Carte Vice Present, Cancer Center Post-Acute Care	(i)	190,212	50,677	18,844	20,632	25,756	306,121	72,946
	(ii)	-----	-----	-----	-----	-----	-----	-----
9Eric Radcliffe CMO	(i)	328,366	87,400	8,574	46,100	26,271	496,711	24,545
	(ii)	-----	-----	-----	-----	-----	-----	-----
10Evan Morgan MD Board Member, Ex-Officio, Hospitalist	(i)	231,754		9,803	8,759	25,195	275,511	
	(ii)	-----	-----	-----	-----	-----	-----	-----
11Joseph Fazalare Board Member, Ex-Officio, Surgeon	(i)	793,532		179,876	8,846	26,658	1,008,912	
	(ii)	-----	-----	-----	-----	-----	-----	-----
12Jeffrey Madden MD Physician	(i)	449,822		476,304	12,600	25,954	964,680	
	(ii)	-----	-----	-----	-----	-----	-----	-----
13Christopher Courtney Physician	(i)	740,929		209,439	12,600	26,658	989,626	
	(ii)	-----	-----	-----	-----	-----	-----	-----
14Kimberly Fairley DO Physician	(i)	537,933		355,399	12,600	1,735	907,667	
	(ii)	-----	-----	-----	-----	-----	-----	-----
15Joshua Sykes Physician	(i)	642,135		427,660	12,600	26,135	1,108,530	
	(ii)	-----	-----	-----	-----	-----	-----	-----
16Marc Costa MD Physician	(i)	423,653		449,582	12,600	10,209	896,044	
	(ii)	-----	-----	-----	-----	-----	-----	-----
17John Forester VP - Provider Network Services, UPC Executive Director	(i)	116,745	32,174	2,854	17,851	17,618	187,242	32,928
	(ii)	116,745	32,174	2,854	17,851	17,618	187,242	32,928

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
United Hospital Center Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

55-0525724

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A West Virginia Hospital Finance Authority	62-1256910	000000000	10-01-2015	7,500,000	2015 Series A - Acquisition of St. Josephs Hospital of Buckhannon		X		X		X
B West Virginia Hospital Finance Authority	62-1256910	956622L85	06-15-2016	149,749,999	2016 Series A - Refund 2006A and 2009 C issuances		X		X		X
C West Virginia Hospital Finance Authority	62-1256910	956622P65	07-31-2018	23,680,000	2018 Series D - Redeem 2012A issuance		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			8,996,832		2,555,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue		7,500,000	149,749,999		23,680,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			1,155,297		176,862			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		7,500,000						
11	Other spent proceeds			148,571,155		23,503,138			
12	Other unspent proceeds			942					
13	Year of substantial completion	2015		2016		2018			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X		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 of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 ▶			2.630 %		2.630 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0.310 %		0.310 %			
6	Total of lines 4 and 5			2.940 %		2.940 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b	Name of provider					Deutsche Bank AG			
c	Term of hedge					2242.0000000000 %			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	X			X		
b Name of provider			Cantor Fitzgerald					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Part I	Schedule K - For purposes of reporting bond issuance allocations on Schedule K to the Internal Revenue Service, West Virginia University Hospitals, Inc. WVUH as parent company to City Hospital, Inc. CHI, The Charles Town General Hospital dba Jefferson Medical Center JMC, and University Healthcare Foundation, Inc. UHF, is reporting bond issuances allocated to WVUH and its subsidiaries on a consolidated basis on Schedule K attached to this tax return. United Hospital Center, Inc. UHC EIN 55-0525724 and Camden-Clark Memorial Hospital Corporation CCMH EIN 31-1524546 are reporting bond allocations issued to them on the return filed by such taxpayer. Several bond issuances were issued in multiple series and each series is reported in this tax return separately. For each series identified in Schedule K, Part I, the taxpayer will reconcile the series amount reported in this tax return and the tax return filed by UHC and CCMC to the applicable 8038 filed with the IRS for each bond issuance. Each bond series is reported on the appropriate Form 990, Schedule K, only once in this manner.

Return Reference	Explanation
Part I Line B	The 2016 A Bonds were issued on behalf of the West Virginia United Health System Obligated Group with an issue price of 288,869,596 per Form 8038. The 2016 A Bonds were issued to refund certain outstanding bonds. Per internal allocations based on the balance of the refunded bonds in the general ledger UHC received 149,749,999 in proceeds to refund the 2006A issuance as a current refunding and 2009C bond issuance as an advanced refunding. The remaining amounts allocated from this issuance are reported on Form 990 for WVUH and CCMC.

Return Reference	Explanation
Part II Line 12	The amount reported in Line 12 Column B is a result of a balance that remained in the account that is used to fund principal and interest payments on this issuance. We are provided an amount to fund prior to the payment date, once funds that are sold/redeemed to make our payment there is occisaionally a residual amount. That amount is left in the account to apply to future payments.

Return Reference	Explanation
Part IV Line 2	Column A and B - 2015A, 2016A, and 2018D issuances are not yet required to have rebate calculations the issuances are expected to meet the exception to rebate.

Return Reference	Explanation
Part IV Line 5c	Column B - The securities for the 2016 A Bonds were purchased on June 15, 2016 and the last one matured on May 31, 2019.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service

United Hospital Center Inc

Employer identification number

55-0525724

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 175,477,798, Grants and allocations 0, Revenue 226,968,567 UHC provides health care services for the community and surrounding areas. The majority of the program services are to provide health care and health care maintenance for the community as both inpatient and outpatient services. United Hospital Center provided 33,701,476 in uncompensated care, which represented 7.76 of the total net patient service revenue in 2019. Included in the above amount was 12,323,547 of charity care for individuals that qualified for financial assistance and 21,377,929 in bad debt account balance write-offs. UHC wrote off 2,146 accounts to charity and 18,172 to bad debt related to patients that had Medicare coverage. United Hospital Center provided 2,433,767 in support to Health Access, a free health care clinic that it helped to organize. The clinic serves indigent members of the community. United Hospital Center provided free health care services and served 1,259 patients supported by Health Access.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 340,584, Grants and allocations 0, Revenue 89,379 To address other health manpower shortages through the region, UHCs School of Radiological Technology graduated 12 radiology technologists this year. The cost of this program was 340,584 with a tuition revenue of 89,379. We continue to have relationships with the VAMC and St. Josephs Hospital for rad tech education. In addition, UHC serves as a clinical training site for nursing students from West Virginia Wesleyan College, Fairmont State University, Alderson Broaddus College, United Technical Center, Monongalia Technical Center, West Virginia University, Wheeling Jesuit University, Edinboro University and Fred Eberle School of Practical Nursing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 United Hospital Center donates expired or opened unused products for distribution to third world countries such as Africa and South America. A portion of this years contribution was sent to Doc to Doc which collects and ships supplies to teaching hospitals, smaller public hospitals, and rural medical clinics in developing countries. These donations of medical supplies were valued at 175,668 for 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 United Hospital Center is one of the largest providers of obstetric services in terms of deliveries and serves as a regional resource for obstetric services. In fulfilling that role, family medicine faculty and residents conduct weekly planning clinics and pediatric clinics for the Harrison County Health Department. The obstetric department conducts childbirth classes for expecting parents. These classes are for expectant mothers and teaches techniques for the best possible experience in childbirth. Enrollment for these classes totaled 414 people and provided a benefit of 6,445. The obstetric department also conducts sibling tours for older siblings to alleviate anxiety for when the new baby arrives.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 United Hospital Centers as sociates volunteered 40 hours to participate in health fairs/events for the community citizens at various locations throughout North Central West Virginia that had approximately 750 attendees and yielded a total community benefit of 4,400. United Hospital Center also conducted cancer screenings through their skin, mens, womens, and Dare to Care campaigns. Screenings at these events included but was not limited to visual assessments, PAP smears, FIT tests, mammograms, PSA lab draws, prostate exams, recommendations for abnormal findings and general health education. UHC physicians and support staff volunteered seven hours during these screenings, which served 124 individuals and provided a total community benefit of 33,000. UHC physicians also served approximately 120 individuals while attending the Doddridge and Shriners clinic, providing a total community benefit of 11,220.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 UHC provides administrative facilities to the American Cancer Society. In addition, UHC allows some organizations the use of classrooms with no charge. The organizations include, but are not limited to, WV Autism Support Group, Addiction Support Group, Breast Cancer Support Group, Kids Talk Support Group, and Narcotics Anonymous. United Hospital Center also provides a space for the Central Blood Bank to conduct blood drives. UHC hosted 6 blood drives. In total, these blood drives had 204 presenting donors, 190 successful donations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 United Hospital Center conducted, through the Education Department, a diabetes support group for participants from various counties. In addition, staff assisted the indigent patients in the Lilly Cares program for starter insulin and also received viscometers from Bayer Co. to distribute and properly educate patients in the daily monitoring of their blood glucose. United Hospital Center has representatives serving on several community boards including, but not limited to, Family Services of Harrison and Marion Counties, Harrison County Drop-In Advisory Board, WV Network Ethic Advisory Committee, Coalition for the Homeless and Goodwill Advisory Board. In addition, UHC representatives were guest speakers at area organizations/events about various health care concerns or issues.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 UHC offers rotations for students in the following programs Emergency Medical Personnel, Medical Record Technology, Pharmacy, Safety Engineering, and Clinical Education for Rehab students. Rotations for one of the three practicums and internships for counseling students in a masters degree program are provided as needed in cooperation with West Virginia University.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 0, Grants and allocations 0, Revenue 0 United Hospital Center employees donated 7,750 of food and necessities to the Mission to help people in need in the region. Other activities employees participated in include but are not limited to the American Heart Association Walk for Life and the American Cancer Societys relay for life.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	The Form 990 is completed by the West Virginia United Health System tax team and then sent to the Vice President of Finance at United Hospital Center, Inc. for approval. Baker Till y, an external accounting firm, is then provided a copy for review. Then, the annual Form 990 is presented to the hospitals finance committee of the board of directors for review, prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	On an annual basis, education is provided to all officers of the board of directors with respect to their fiduciary responsibility and what may or may not be considered a conflict of interest. This education is provided by the hospitals in house general counsel. All officers and board members are required to complete an annual conflict of interest and disclosure statement. The statements are maintained by the hospitals in house general counsel and specifically reviewed as necessary based on business presented to the board. If a conflict arises, recommendations are provided to the President and/or Board for consideration and determination of final action. Nothing of concern was found during the review in 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a	It is the compensation philosophy of UHC to pay fair and competitive wages to all employees. Annual wage comparisons are performed by the human resource department of the hospital. The hospital uses the following resources Databay Resources, Towers Watson, Data Blue Survey, Mercer, and CompData. Compensation for United Hospital Centers CEO is determined by the WV United Health System compensation committee. The system engages an independent group to perform an executive compensation review and compensation survey every two years. This information is provided to the committee, which is made up of independent board members who are then responsible for setting the compensation packages offered to each executive ensuring that the compensation package offered does not exceed fair market value.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	All governing documents, conflicts of interest policy, and financial statements are available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets include 8,834,157 of related organization capitalization and 7,843,659 of investment adjustment.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320006470

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
United Hospital Center Inc

Employer identification number
55-0525724

Part I

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

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

Part II

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

See Additional Data Table

(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 entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Gateway Home Care 1353 Edwin Miller Blvd Martinsburg, WV 254043703 54-1965474	Durable Medical Equipment	WV	AHS LLC					No			No	
(2) Allied Health Sourcing Solutions PO Box 8034 Morgantown, WV 26506 84-2403526	Supply Chain Management	WV	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Allied Health Services Inc PO Box 782 Morgantown, WV 26507 55-0652017	Medical Lab	WV	WV United Health System	C Corp					No
(2) West Virginia United Insurance Services 3040 University Avenue Suite 3200 Morgantown, WV 26505 55-0756055	Provider Network	WV	WV United Health System	C Corp					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) United Health Foundation	o	214,679	Cost

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 55-0525724
Name: United Hospital Center Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 8034 Morgantown, WV 26506 55-0754713	Healthcare Access	WV	501c3	12a	N/A		No
2500 Foundation Way Martinsburg, WV 25401 31-1118075	Hospital Support	WV	501c3	12a	West Virginia University Hospitals Inc		No
686 South Pike Street Shinnston, WV 26431 55-0638563	Patient Care	WV	501c3	3	United Hospital Center Inc	Yes	
327 Medical Park Drive Bridgeport, WV 26330 55-0621706	Hospital Support	WV	501c3	12a	United Hospital Center Inc	Yes	
6 Hospital Plaza Clarksburg, WV 26301 55-0752788	Behavioral Health	WV	501c3	3	West Virginia University Hospitals Inc		No
800 Garfield Avenue Parkersburg, WV 26101 55-0769602	Healthcare Access	WV	501c3	12a	West Virginia United Health System		No
800 Garfield Avenue Parkersburg, WV 26101 55-0667789	Hospital Support	WV	501c3	7	Camden Clark Health Services		No
604 Ann Street Parkersburg, WV 26101 26-4058719	Patient Care	WV	501c3	3	Camden Clark Health Services		No
PO Box 8034 Morgantown, WV 26506 55-0643304	Patient Care	WV	501c3	3	West Virginia United Health System		No
2500 Foundation Way Martinsburg, WV 25401 20-2337985	Healthcare Access	WV	501c3	12a	West Virginia University Hospitals Inc		No
2500 Foundation Way Martinsburg, WV 25401 55-0383321	Patient Care	WV	501c3	3	West Virginia University Hospitals East Inc		No
300 S Preston St Ranson, WV 25438 55-0359755	Patient Care	WV	501c3	3	West Virginia University Hospitals East Inc		No
800 Garfield Avenue Parkersburg, WV 26101 31-1524546	Patient Care	WV	501c3	3	Camden Clark Health Services		No
100 Pin Oak Lane Keyser, WV 26726 55-0420956	Patient Care	WV	501c3	3	West Virginia University Hospitals Inc		No
1 Amalia Drive Buckhannon, WV 26201 55-0356996	Patient Care	WV	501c3	3	West Virginia United Health System		No
800 Wheeling Ave Glen Dale, WV 26038 55-0357045	Patient Care	WV	501c3	3	West Virginia University Hospitals Inc		No
800 Wheeling Ave Glen Dale, WV 26038 55-0710402	Hospital Support	WV	501c3	12a	Reynolds Memorial Hospital Inc		No
1 Amalia Drive Buckhannon, WV 26201 55-0727650	Hospital Support	WV	501c3	12b	St Joseph's Hospital of Buckhannon Inc		No
400 Fairview Heights Rd Summersville, WV 26651 55-0650441	Patient Care	WV	501c3	3	West Virginia University Hospitals Inc		No
100 Hoylman Drive Gassaway, WV 26624 55-0611919	Patient Care	WV	501c3	3	West Virginia University Hospitals Inc		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
122 Pinnell Street Ripley, WV 25271 55-0462730	Patient Care	WV	501c3	3	West Virginia University Hospitals Inc		No