Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UNITED HOSPITAL CENTER, INC
UNITED HOSPITAL CENTER, INC
WAYNE RECKTENWALD
327 MEDICAL PARK DRIVE
BRIDGEPORT, WV 26330

2b Employer Identification Number (EIN)
55-0525724

2c Sponsor's telephone number
681-342-1649

2d Business code (see instructions)
622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	WAYNE RECKTENWALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
UNITED HOSPITAL CENTER INC

327 MEDICAL PARK DRIVE
BRIDGEPORT, WV 26330

3b Administrator's EIN
55-0525724

3c Administrator's telephone number
681-342-1649

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1989
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1794
b	Retired or separated participants receiving benefits	**6b**	25
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2053
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2053
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2053
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2C 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN		003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
UNITED HOSPITAL CENTER, INC	55-0525724

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	64	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED HOSPITAL CENTER, INC

D Employer Identification Number (EIN)
55-0525724

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST CO TTEE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	5391427

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED HOSPITAL CENTER, INC

D Employer Identification Number (EIN)
55-0525724

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	5520027	5391427
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29687341	35455911
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	35207368	40847338
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35207368	40847338

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3209431	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3209431
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	629439	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		629439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		70568
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3652888
d Total income. Add all **income** amounts in column (b) and enter total	2d		7562326
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1922292	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1922292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	64	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1922356
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5639970
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TETRICK & BARTLETT, PLLC (2) EIN: 55-0357807

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED HOSPITAL CENTER, INC

D Employer Identification Number (EIN)
55-0525724

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-2723880

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 25

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a** 3209431

b Enter the amount contributed by the employer to the plan for this plan year **6b** 3209431

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

UNITED HOSPITAL CENTER, INC.
MONEY PURCHASE PENSION PLAN

****

INDEPENDENT AUDITOR'S REPORT AND RELATED FINANCIAL STATEMENT

****

DECEMBER 31, 2010 AND 2009

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INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee
United Hospital Center, Inc.
Money Purchase Pension Plan

We were engaged to audit the financial statements of United Hospital Center, Inc. Money Purchase Pension Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of the year ended December 31, 2010 as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Tetrick & Bartlett, PLLC

October 11, 2011

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2010	2009
Assets:		
Investments, at fair value (notes 3 and 4)		
Mutual funds	$ 35,455,911	$ 29,687,341
Collective trust	5,435,624	5,419,255
Total investments	40,891,535	35,106,596
Total assets	40,891,535	35,106,596
Net assets reflecting investments at fair value	40,891,535	35,106,596
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(44,197)	100,772
NET ASSETS AVAILABLE FOR BENEFITS	$ 40,847,338	$ 35,207,368

The accompanying notes are an integral part of these financial statements.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

Additions:	
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments (note 3)	$ 3,723,456
Dividends	629,440
Total investment income	4,352,896
Contributions	
Employer	3,209,431
Total additions	7,562,327
Deductions:	
Deductions from net assets attributed to:	
Distributions	1,922,293
Administrative expenses	64
Total deductions	1,922,357
Net increase	5,639,970
Net Assets Available For Benefits:	
Beginning of year	35,207,368
End of year	$ 40,847,338

The accompanying notes are an integral part of this financial statement.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the United Hospital Center, Inc. (the "Hospital") Money Purchase Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description ("SPD") for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution plan covering all employees of the Hospital who have one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions. The Employer shall make contributions over such period of years as the Employer may determine on the following basis. On behalf of each Participant eligible to share in allocations, for each year of his participation in this Plan, the Employer shall contribute an amount determined as follows:

Years of Service	At 7/1/1996 Over Age 40 or 15 Years of Service % of Compensation	At 7/1/1996 Under Age 40 and 15 Years of Service % of Compensation
0 - 4	2.75%	2.75%
5 - 9	3.75%	2.75%
10 - 14	4.50%	4.50%
15 - 19	5.50%	4.50%
20 - 24	6.50%	4.50%
25 - 29	7.25%	5.50%
30 - 34	8.00%	5.50%
35 - 39	8.75%	5.50%
40 plus	9.75%	5.50%

C. Participant Accounts. Each participant's account is credited with an allocation of (a) the Hospital's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The accompanying independent auditor's report is an integral part of these notes.

D. **Vesting.** The vested portion of any Participant's Account shall be a percentage of the total amount credited to the Participant's Account determined on the basis of the Participant's number of years of service. A participant is 100 percent vested after five years of credit service in a regular plan year and three years of service in a Top Heavy Plan Year.

F. **Payment of Benefits.** On termination of service due to death, disability or retirement, the normal form of payment of benefits for married participants is a joint and survivor annuity. However, the participant can also elect for benefit payments to be in the form of a lump sum cash payment, payments over a period certain in monthly, quarterly, semiannual or annual cash installments, or purchase of or providing an annuity.

G. **Forfeited Accounts.** At December 31, 2010 and 2009, forfeited nonvested accounts totaled $122,231 and $96,034, respectively. These accounts will be used to reduce future employer contributions. In 2009, employer contributions were reduced by $108,657 from forfeited nonvested accounts.

2. Summary of Significant Accounting Policies

A. **Basis of Accounting.** The financial statements of the Plan are prepared using the accrual method of accounting.

B. **Use of Estimates.** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

C. **Investment Valuation and Income Recognition.** Investments are reported at fair value. *Fair Value* is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the exdividend date. Net appreciation includes the plan's gains and losses on investments bought and sold, as well as held during the year.

The accompanying independent auditor's report is an integral part of these notes.

The Fidelity Managed Income Portfolio Fund is a collective trust fund investing primarily in guaranteed investment contracts (GIC), synthetic GICs and U.S. government securities. The GICs are fully benefit-responsive. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The statements of net assets available for benefits present the fair value of the investments in the collective trust fund relating to fully benefit-responsive investment contracts as well as the adjustment of the investments in the collective trust fund related to fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Certain events may limit the ability of the Plan to transact at contract value with Fidelity. Such events include: the Plan's failure to qualify under section 401(a) of the IRS; the establishment of a Plan or similar fund that competes for employee contributions; changes in laws or regulations that could have a material adverse effect on the MIP fund's cash flow; communication to participants influencing them to not invest in the MIP fund. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. There are not reserves against contract value for credit risk of the issuer or otherwise.

The following are the average yields for the fund for 2010 and 2009:

	2010	2009
Based on actual earnings	2.68%	3.16%
Based on interest rates credited to participants	1.44%	1.20%

D. Payment of Benefits. Benefits are recorded when paid.

E. Administrative Expenses. Administrative expenses, including trustee, legal, auditing and other fees, are paid by the Hospital and, as such, are not expenses of the Plan. The amount reported as administrative expenses of the Plan are transactional fees charged to the recipient's account.

The accompanying independent auditor's report is an integral part of these notes.

F. **Reclassifications.** Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

G. **Subsequent Events.** The plan has evaluated subsequent events through October 11, 2011, the date the financial statements were available to be issued.

H. **New Accounting Pronouncement.** In January 2010, the FASB issued ASU 2010-06, "Improving Disclosures about Fair Value Measurements". This standard clarifies existing disclosure requirements on levels of disaggregation and disclosures about inputs and valuation techniques. ASU 2010-06 was effective for the Plan year ended December 31, 2010. The adoption of this standard did not have a material impact on the Plan's financial statements.

3. Investments

The plan administrator has elected the method of compliance permitted by 20 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following investment information was certified by Fidelity Management Trust Company, the trustee of the Plan, and was not subjected to any auditing procedures performed by the independent public accountants:

a. Total investments as shown in the accompanying statements of net assets available for benefits of $40,847,338 as of December 31, 2010, and $35,207,368 as of December 31, 2009.

b. Net investment earnings as shown in the accompanying statement of changes in net assets available for benefits of $4,352,896 for the year ended December 31, 2010.

c. All investment-related information in the accompanying supplemental schedule as of and for the year ended December 31, 2010.

The accompanying independent auditor's report is an integral part of these notes.

The fair values of individual investments that represent 5 percent or more of the plan's net assets as of December 31 are as follows:

	2010	2009
Mutual funds:		
Fidelity Contrafund - 111,295 and 111,376 shares, respectively	$ 7,538,000	$ 6,491,023
Fidelity Asset Manager - 70% - 157,512 and 179,241 shares, respectively	2,572,176	2,568,526
Fidelity Freedom 2010 Fund - 240,616 and 224,803 shares, respectively	3,269,974	2,812,292
Fidelity Freedom 2020 Fund - 232,630 and 200,691 shares, respectively	3,207,967	2,518,672
Other	18,867,794	15,296,828
Collective trust:		
Fidelity Managed Income Portfolio - 5,391,427 and 5,520,027 units, respectively	5,435,624	5,419,255
	$ 40,891,535	$ 35,106,596

During 2010, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $3,723,456 as follows:

Mutual funds	$ 3,652,888
Collective trust	70,568
	$ 3,723,456

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

The accompanying independent auditor's report is an integral part of these notes.

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2. Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Collective trust: Valued at fair value by discounting the related cash flows and the fair values of the underlying investments and the wrapper contracts using a discounted cash flow model that considers recent fee bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The accompanying independent auditor's report is an integral part of these notes.

	Assets at Fair Values as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. equity	$ 13,984,683	$ -	$ -	$ 13,984,683
International equity	1,429,412	-	-	1,429,412
Fixed income	2,114,396	-	-	2,114,396
Balanced	3,062,061	-	-	3,062,061
Target date	14,865,359	-	-	14,865,359
Total mutual funds	35,455,911	-	-	35,455,911
Collective trust:				
Stable Value	-	5,435,624	-	5,435,624
Total assets at fair value	$ 35,455,911	$ 5,435,624	$ -	$ 40,891,535

	Assets at Fair Values as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 29,687,341	$ -	$ -	$ 29,687,341
Collective trust	-	5,419,255	-	5,419,255
Total assets at fair value	$ 29,687,341	$ 5,419,255	$ -	$ 35,106,596

5. Related Party Transactions

Certain Plan investments are shares of a mutual funds and a collective trust managed by Fidelity Investments Company, an affiliate of the trustee as defined by the Plan and, therefore, these transactions qualify as party-in interest transactions. Fees paid by the Plan for the investment management services to Fidelity Management Trust Company amounted to $64 for the year ended December 31, 2010.

The accompanying independent auditor's report is an integral part of these notes.

6. Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

7. Tax Status

The IRS has determined and informed the Hospital by a letter dated May 7, 2004, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
EIN: 55-0525724 PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	American Beacon Funds	American Beacon Lg Cap Value Plan Ahead Fund	**	$ 115,141
	Loomis Sayles	Loomis Sayles Sm Cap Value Retail Class Fund	**	104,290
	Perkins Investments	Perkins Mid Cap Value Fund	**	106,779
	RS Investments	RS Partners Fund	**	393,522
	PIMCO Funds Distributors LLC	PIMCO Funds Total Return Fund	**	546,471
*	Fidelity Investments	Fidelity Magellan Fund	**	1,391,696
*	Fidelity Investments	Fidelity Contrafund	**	7,538,000
*	Fidelity Investments	Fidelity Investment Grade Bond Fund	**	548,385
*	Fidelity Investments	Fidelity Growth & Income Portfolio	**	1,568,543
*	Fidelity Investments	Fidelity Intermediate Bond Fund	**	775,915
*	Fidelity Investments	Fidelity Value Fund	**	314,008
*	Fidelity Investments	Fidelity Overseas Fund	**	1,030,354
*	Fidelity Investments	Fidelity International Discovery Fund	**	399,058
*	Fidelity Investments	Fidelity Asset Manager - 50%	**	1,397,068
*	Fidelity Investments	Fidelity Disciplined Equity Fund	**	14,819
*	Fidelity Investments	Fidelity Asset Manager - 70%	**	2,572,176
*	Fidelity Investments	Fidelity Asset Manager - 20%	**	243,625
*	Fidelity Investments	Fidelity Mid-Cap Stock Fund	**	551,218
*	Fidelity Investments	Fidelity Freedom Income Fund	**	96,450

The accompanying independent auditor's report and notes are an integral part of this schedule.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
EIN: 55-0525724 PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Investments	Fidelity Freedom 2000 Fund	**	$ 65,308
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	3,269,974
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	3,207,967
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	1,581,612
*	Fidelity Investments	Fidelity Managed Income Portfolio	**	5,391,427
*	Fidelity Investments	Fidelity Spartan US Equity Index Fund	**	883,034
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	961,772
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	113,113
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	2,229,504
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	2,017,566
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	741,337
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	409,298
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	267,908
		Total investments		$ 40,847,338

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

** Cost omitted for participant-directed investments.

The accompanying independent auditor's report and notes are an integral part of this schedule.

Monthly Plan Performance Update

UNITED HOSPITAL CENTER - UHC MONEY PURCH PLAN (69554)

Understanding investment performance: As you review this update, please remember that the performance data stated represents past performance, which does not guarantee future results. Investment return and principal value of an investment will fluctuate; therefore, you may have a gain or loss when you sell your shares. Current performance may be higher or lower than the performance stated. To learn more or to obtain the most recent month-end performance, call Fidelity or visit NetBenefits.com.

	Cumulative Total Returns				Average Annual Total Returns				
Name	**As of**	**1 mo**	**3 mo**	**YTD**	**As of**	**1 yr**	**3 yr**	**5 yr**	**10 yr**
DOW JONES 30 INDUSTRIAL AVERAGE	12/31/2010	5.33	8.04	14.06	12/31/2010	14.06	-1.61	4.31	3.15
NASDAQ COMPOSITE INDEX	12/31/2010	6.29	12.34	18.15	12/31/2010	18.15	1.02	4.72	1.42
BARCLAYS CAPITAL U.S. AGGREGATE BOND INDEX	12/31/2010	-1.08	-1.30	6.54	12/31/2010	6.54	5.90	5.80	5.84
RUSSELL 2000 INDEX	12/31/2010	7.94	16.25	26.85	12/31/2010	26.85	2.22	4.47	6.33
STANDARD & POOR'S 500 ™ INDEX	12/31/2010	6.68	10.76	15.06	12/31/2010	15.06	-2.86	2.29	1.41

	Cumulative Total Returns				Average Annual Total Returns						Fees		
Investment Name	**As of**	**1 mo**	**3 mo**	**YTD**	**As of**	**1 yr**	**3 yr**	**5 yr**	**10 yr**	**Life**	**Short-Term Trading Fee**	**Expense Ratio †**	**Inception Date**
Stock Investments													
Large Cap													
ABF LG CAP VAL INV	12/31/2010	7.50	10.02	14.11	12/31/2010	14.11	-4.29	1.39	4.93	8.14	–	0.94% on 07/29/2010	08/01/1994
FID CONTRAFUND	12/31/2010	3.95	9.45	16.93	12/31/2010	16.93	-1.71	4.87	5.54	12.36	–	1.02% on 03/01/2010	05/17/1967
FID DISCIPLINED EQTY	12/31/2010	6.18	9.24	8.25	12/31/2010	8.25	-7.53	0.09	0.98	9.75	–	0.70% on 12/30/2010	12/28/1988
FIDELITY MAGELLAN	12/31/2010	6.66	12.04	12.41	12/31/2010	12.41	-7.06	0.45	-0.15	16.63	–	0.75% on 05/29/2010	05/02/1963
SPARTAN 500 INDEX	12/31/2010	6.66	10.72	14.98	12/31/2010	14.98	-2.89	2.25	1.32	9.38	–	0.10% on 04/29/2010	02/17/1988
Mid-Cap													
FID MID CAP STOCK	12/31/2010	8.89	14.82	23.57	12/31/2010	23.57	0.14	4.52	2.88	11.45	.75 % / 30days	0.65% on 06/29/2010	03/29/1994
FID VALUE	12/31/2010	7.92	13.35	22.27	12/31/2010	22.27	-1.97	2.08	7.71	12.41	–	0.64% on 12/30/2010	12/01/1978
PERKINS MID CP VAL T	12/31/2010	6.03	10.03	14.81	12/31/2010	14.81	2.84	6.13	9.89	13.00	–	1.02% on 10/28/2010	08/12/1998
Small Cap													
LOOMIS SM CAP VAL R	12/31/2010	8.91	16.63	24.76	12/31/2010	24.76	2.92	5.83	8.48	9.23	–	1.31% on 10/04/2010	12/31/1996
RS PARTNERS A	12/31/2010	9.64	17.34	27.96	12/31/2010	27.96	4.10	3.84	13.30	12.37	–	1.60% on 06/30/2010	07/12/1995

Investment Name	Cumulative Total Returns				Average Annual Total Returns						Fees		
	As of	1 mo	3 mo	YTD	As of	1 yr	3 yr	5 yr	10 yr	Life	Short-Term Trading Fee	Expense Ratio †	Inception Date
International													
FID INTL DISCOVERY	12/31/2010	8.05	8.67	11.00	12/31/2010	11.00	-6.99	3.52	6.00	8.27	1 % / 30days	1.05% on 12/30/2010	12/31/1986
FID OVERSEAS	12/31/2010	8.45	9.46	6.59	12/31/2010	6.59	-11.08	0.63	2.63	10.60	1 % / 30days	0.89% on 12/30/2010	12/04/1984
Others													
FID GROWTH & INCOME	12/31/2010	7.09	12.67	14.57	12/31/2010	14.57	-11.53	-5.04	-2.58	9.31	–	0.75% on 09/29/2010	12/30/1985
Blended Investments*													
Others													
FID ASSET MGR 20%	12/31/2010	1.52	2.49	8.92	12/31/2010	8.92	3.76	4.67	5.06	6.68	–	0.57% on 11/29/2010	10/01/1992
FID ASSET MGR 50%	12/31/2010	4.09	6.12	13.51	12/31/2010	13.51	2.38	4.50	3.52	8.54	–	0.73% on 11/29/2010	12/28/1988
FID ASSET MGR 70%	12/31/2010	5.81	8.58	15.78	12/31/2010	15.78	0.73	3.87	2.61	7.85	–	0.81% on 11/29/2010	12/30/1991
FID FREEDOM 2000	12/31/2010	1.65	2.68	7.86	12/31/2010	7.86	2.62	3.97	3.53	5.85	–	0.51% on 05/29/2010	10/17/1996
FID FREEDOM 2005	12/31/2010	3.36	5.14	10.57	12/31/2010	10.57	1.02	3.85	–	4.88	–	0.64% on 05/29/2010	11/06/2003
FID FREEDOM 2010	12/31/2010	3.88	5.94	11.65	12/31/2010	11.65	1.34	4.12	3.79	6.81	–	0.67% on 05/29/2010	10/17/1996
FID FREEDOM 2015	12/31/2010	3.97	6.06	11.75	12/31/2010	11.75	0.75	4.00	–	5.48	–	0.68% on 05/29/2010	11/06/2003
FID FREEDOM 2020	12/31/2010	4.82	7.29	12.93	12/31/2010	12.93	-0.41	3.65	3.31	6.85	–	0.74% on 05/29/2010	10/17/1996
FID FREEDOM 2025	12/31/2010	5.49	8.21	13.82	12/31/2010	13.82	-0.61	3.59	–	5.64	–	0.76% on 05/29/2010	11/06/2003
FID FREEDOM 2030	12/31/2010	5.78	8.65	14.04	12/31/2010	14.04	-2.07	2.99	2.70	6.47	–	0.79% on 05/29/2010	10/17/1996
FID FREEDOM 2035	12/31/2010	6.31	9.51	14.46	12/31/2010	14.46	-2.21	2.91	–	5.46	–	0.81% on 05/29/2010	11/06/2003
FID FREEDOM 2040	12/31/2010	6.45	9.60	14.62	12/31/2010	14.62	-2.62	2.76	2.40	1.08	–	0.81% on 05/29/2010	09/06/2000
FID FREEDOM 2045	12/31/2010	6.60	9.88	14.72	12/31/2010	14.72	-2.68	–	–	2.10	–	0.82% on 05/29/2010	06/01/2006
FID FREEDOM 2050	12/31/2010	6.90	10.36	14.90	12/31/2010	14.90	-3.31	–	–	1.72	–	0.84% on 05/29/2010	06/01/2006
FID FREEDOM INCOME	12/31/2010	1.44	2.44	7.63	12/31/2010	7.63	3.17	4.13	3.75	5.23	–	0.50% on 05/29/2010	10/17/1996
Bond Investments													
Stable Value													
FID MGD INC PORT	12/31/2010	0.12	0.37	1.31	12/31/2010	1.31	2.23	3.02	3.83	5.17	–	–	09/07/1989
Income													
FID INTERMED BOND	12/31/2010	-1.16	-1.20	7.58	12/31/2010	7.58	5.87	5.16	5.35	8.03	–	0.45% on 10/30/2010	05/23/1975

Investment Name	Cumulative Total Returns				Average Annual Total Returns						Fees		
	As of	1 mo	3 mo	YTD	As of	1 yr	3 yr	5 yr	10 yr	Life	Short-Term Trading Fee	Expense Ratio †	Inception Date
FIDELITY INVST GR BD	12/31/2010	-0.58	-0.48	8.43	12/31/2010	8.43	5.33	4.68	5.31	7.47	–	0.45% on 10/30/2010	08/06/1971
PIMCO TOT RETURN ADM	12/31/2010	-0.56	-0.98	8.56	12/31/2010	8.56	8.82	7.78	7.07	7.52	–	0.72% on 12/16/2010	09/08/1994

† For Fidelity fund of funds the performance table displays both the Expense Ratio and the Combined Total Expense Ratio. Expense Ratio is the total annual fund operating expense ratio from the fund's most recent prospectus. Combined Total Expense Ratio reflects expense reimbursements and reductions and is based on the total operating expense ratio of the fund plus a weighted average of the total operating expense ratios of the underlying Fidelity funds in which it was invested. This ratio may be higher or lower depending on the allocation of the fund's assets among the underlying Fidelity funds and the actual expenses of the underlying Fidelity funds.

† Expense Ratio is the total annual fund operating expense ratio from the fund's most recent prospectus. Please note that for the non-Fidelity fund-of-funds listed, the ratio shown may solely reflect the total operating expense ratio of the fund, or may be a combined ratio reflecting both the total operating expense ratio of the fund and the total operating expense ratios of the underlying funds in which it was invested. Please consult the fund's prospectus for more detail on a particular fund's expense ratio.

Total returns are historical and include change in share value and reinvestment of dividends and capital gains, if any. Cumulative total returns are reported as of the period indicated. Life of Fund figures are reported as of the inception date to the period indicated. These figures do not include the effect of sales charges, if any, as these charges are waived for contributions made through your company's employee benefit plans. If sales charges were included, returns would have been lower.

The management company may be temporarily reimbursing a portion of the fund's expenses. Absent such reimbursement, returns and yields would have been lower. A fund's expense limitation may be terminated at any time. Please see the prospectus for further information.

Performance of an index is not illustrative of any particular investment and an investment cannot be made directly in an index.

The NASDAQ Composite® Index is an unmanaged market capitalization-weighted index of the National Market System which includes over 5,000 stocks traded only over-the-counter and not on an exchange.

The Dow Jones Industrial Average (DJIA) is an unmanaged price-weighted index and is the most widely used indicator of how the country's industrial leaders are performing. Also known as "the Dow," this is a formula based on the stock prices of 30 major companies chosen from sectors of the economy most representative of our country's economic condition.

The Russell 2000® Index is an unmanaged market capitalization-weighted index of 2,000 small company stocks of U.S. domiciled companies.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

The Lehman Brothers Aggregate Bond Index is an unmanaged market value-weighted index for investment-grade fixed-rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities with maturities of at least one year.

Because of their narrow focus, sector funds may be more volatile than funds that diversify across many sectors.

Investments in mortgage securities are subject to prepayment risk, which can limit the potential for gain during a declining interest rate environment and increase the potential for loss in a rising interest rate environment.

Lower-quality debt securities involve greater risk of default and/or price changes due to changes in the credit quality of the issuer.

Investments in smaller companies may involve greater risks than those of larger, more well-known companies.

Foreign investments, especially those in emerging markets involve greater risk and may offer greater potential returns than U.S. investments. This risk includes political and economic uncertainties of foreign countries, as well as the risk of currency fluctuations.

Strategic Advisers, Inc., a subsidiary of FMR LLC, manages the Fidelity Freedom Funds.

BEFORE INVESTING IN ANY INVESTMENT OPTION, PLEASE CAREFULLY CONSIDER THE INVESTMENT OBJECTIVES, RISKS, CHARGES AND EXPENSES. FOR THIS AND OTHER INFORMATION, PLEASE CALL FIDELITY AT 1-800-343-0860 OR VISIT WWW.FIDELITY.COM FOR A FREE MUTUAL FUND PROSPECTUS OR VARIABLE ANNUITY PROSPECTUS. FOR INFORMATION ON FIXED ANNUITIES, CONTACT FIDELITY TO REQUEST A FACT SHEET. READ THEM CAREFULLY BEFORE YOU INVEST.

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UNITED HOSPITAL CENTER, INC
UNITED HOSPITAL CENTER, INC
WAYNE RECKTENWALD

327 MEDICAL PARK DRIVE

BRIDGEPORT WV 26330

2b Employer Identification Number (EIN) 55-0525724

2c Sponsor's telephone number 681-342-1649

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Wayne Recktenwald	10-14-2011	WAYNE RECKTENWALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Wayne Recktenwald	10-14-2011	WAYNE RECKTENWALD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Plan: 69554

United Hospital Center, Inc. Money Purchase Pension Plan

Run Date: 03/09/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
PIMCO TOT RETURN ADM	50,366.023	$574,134.02	$10.85	$546,471.35
ABF LG CAP VAL INV	6,213.777	$110,686.33	$18.53	$115,141.29
LOOMIS SM CAP VAL R	3,953.388	$95,124.38	$26.38	$104,290.38
PERKINS MID CP VAL T	4,731.026	$91,060.37	$22.57	$106,779.26
RS PARTNERS A	11,892.484	$337,643.75	$33.09	$393,522.30
FID MAGELLAN	19,418.112	$1,890,722.31	$71.67	$1,391,696.09
FID CONTRAFUND	111,294.850	$6,153,287.67	$67.73	$7,538,000.19
FID INVST GR BD	74,206.372	$534,069.22	$7.39	$548,385.09
FID GROWTH & INC	85,712.734	$2,877,213.22	$18.30	$1,568,543.03
FID INTERMED BOND	73,546.465	$745,035.63	$10.55	$775,915.21
FID VALUE	4,571.366	$337,554.99	$68.69	$314,007.13
FID OVERSEAS	31,722.722	$1,122,292.74	$32.48	$1,030,354.01
FID INTL DISCOVERY	12,078.012	$407,983.07	$33.04	$399,057.52
FID ASSET MGR 50%	90,601.066	$1,467,827.95	$15.42	$1,397,068.44
FID DISCIPLND EQTY	657.757	$15,936.21	$22.53	$14,819.27
FID ASSET MGR 70%	157,512.329	$2,519,937.32	$16.33	$2,572,176.33
FID ASSET MGR 20%	19,048.070	$233,153.93	$12.79	$243,624.82
FID MID CAP STOCK	19,106.324	$470,457.61	$28.85	$551,217.45
FID FREEDOM INCOME	8,550.510	$93,343.00	$11.28	$96,449.75
FID FREEDOM 2000	5,469.656	$58,464.69	$11.94	$65,307.69
FID FREEDOM 2010	240,616.190	$3,160,842.93	$13.59	$3,269,974.02
FID FREEDOM 2020	232,629.918	$3,179,567.78	$13.79	$3,207,966.57
FID FREEDOM 2030	114,859.284	$1,557,570.40	$13.77	$1,581,612.34
FID MGD INC PORT	5,391,427.410	$5,391,427.41	$1.00	$5,391,427.41

Plan: 69554

United Hospital Center, Inc. Money Purchase Pension Plan

Run Date: 03/09/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2010

Fund Name (Cusip #)	Share Balance 12/31/2010	Historical Cost	Price	Total Market Value
SPTN 500 INDEX INV	19,852.376	$777,413.87	$44.48	$883,033.68
FID FREEDOM 2040	120,071.402	$923,193.32	$8.01	$961,771.93
FID FREEDOM 2005	10,463.733	$113,499.52	$10.81	$113,112.95
FID FREEDOM 2015	196,605.304	$2,171,029.45	$11.34	$2,229,504.15
FID FREEDOM 2025	175,135.932	$1,970,575.47	$11.52	$2,017,565.94
FID FREEDOM 2035	64,632.736	$707,857.76	$11.47	$741,337.48
FID FREEDOM 2045	43,129.399	$370,332.33	$9.49	$409,298.00
FID FREEDOM 2050	28,561.566	$238,658.59	$9.38	$267,907.49
OUTSTANDING LOAN BALANCE				$0.00
			NET ASSETS 12/31/2010:	$40,847,338.56

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.

Fidelity INVESTMENTS

FIDELITY MANAGEMENT TRUST COMPANY
TRUSTEE CERTIFICATION STATEMENT

The following reports were provided through access to Fidelity's Plan Sponsor Webstation[SM] or other secure media: Summary of Net Trust Assets (SONTA), Summary of Plan Operations (SOPO), 5500 Worksheet, 5% Reportable Transactions Report, and the Trial Balance. The SONTA is a valuation of the plan assets for the plan year ending 12/31/2010 and the SOPO is a summary of the financial activity for which Fidelity Management Trust Company ("FMTC") serves as trustee for United Hospital Center, Inc. Money Purchase Pension Plan ("Plan") for the plan year that the assets were recordkept by Fidelity Investments. These reports are subject to the terms and conditions of the Plan Document and Trust Agreement. FMTC certifies that the information in the reports provided is complete and accurate. This statement is being furnished pursuant to 29 CFR 2520.103-5(d).

By: Sharon A Brovelli

Sharon Brovelli

Title: SVP, Workplace Investing, Authorized Signatory for FMTC

Date: 03/09/2011

Note 1: The above certification may enable the Plan to qualify for the "limited scope" audit pursuant to 29 CFR 2520.103-8. FMTC is a Massachusetts-chartered trust company regulated, supervised and subject to periodic examinations by a state agency. The certification only applies to the period during the plan year that Plan assets were recordkept by Fidelity Investments Institutional Operations Company, Inc. for which FMTC served as trustee. Please consult with the Plan's independent public accountants for further information.

Note 2: Please contact the plan's recordkeeping representative if additional plan documentation is required.

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