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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

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.	10/12/2012	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**	2053
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**	1866
b	Retired or separated participants receiving benefits	**6b**	23
c	Other retired or separated participants entitled to future benefits	**6c**	168
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2057
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2057
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	56
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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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	139	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 [ ]

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)

(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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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	5483227

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)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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)	5391427	5483227
(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)	35455911	35018678
(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	40847338	40501905
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	40847338	40501905

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)	3152359	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	7680	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3160039
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)	849817	
(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)		849817
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		72455
(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)		-1537649
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2544662
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2889956	
(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)		2889956
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)	139	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		139
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2890095
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-345433
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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** 108

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 (include any prior year accumulated funding deficiency not waived) **6a** 3152359

b Enter the amount contributed by the employer to the plan for this plan year **6b** 3152359

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 or other authority 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. 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): _____

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, 2011 AND 2010

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T&B

Tetrick & Bartlett, PLLC
Certified Public Accountants
Consultants

122 N. Oak St. • PO Box 1916 • Clarksburg, WV 26302-1916 • (304) 624-5564 • Fax (304) 624-5582 • www.tetrickbartlett.com

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, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of the year ended December 31, 2011 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, 2011 and 2010, 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 supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental 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

August 3, 2012

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

	2011	2010
Assets:		
Investments, at fair value (notes 3 and 4)		
Mutual funds	$ 35,018,678	$ 35,455,911
Collective trust	5,621,884	5,435,624
Total investments	40,640,562	40,891,535
Total assets	40,640,562	40,891,535
Net assets reflecting investments at fair value	40,640,562	40,891,535
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(138,657)	(44,197)
NET ASSETS AVAILABLE FOR BENEFITS	$ 40,501,905	$ 40,847,338

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, 2011

Additions:	
Additions to net assets attributed to:	
Investment Income:	
Net depreciation in fair value of investments (note 3)	$ (1,464,509)
Dividends	849,131
Total investment loss	(615,378)
Contributions	
Employer	3,160,039
Total additions	2,544,661
Deductions:	
Deductions from net assets attributed to:	
Distributions	2,889,956
Administrative expenses	138
Total deductions	2,890,094
Net decrease	(345,433)
Net Assets Available For Benefits:	
Beginning of year	40,847,338
End of year	$ 40,501,905

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, 2011 and 2010, forfeited nonvested accounts totaled $160,490 and $122,231, respectively. These accounts will be used to reduce future employer contributions. In 2011, employer contributions were reduced by $5,822 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 2011 and 2010:

	2011	2010
Based on actual earnings	1.92%	2.68%
Based on interest rates credited to participants	1.39%	1.44%

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. **Subsequent Events.** The plan has evaluated subsequent events through August 3, 2012, the date the financial statements were available to be issued.

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 $40,501,905 as of December 31, 2011, and $40,847,338 as of December 31, 2010.

b. Net investment loss as shown in the accompanying statement of changes in net assets available for benefits of ($615,378) for the year ended December 31, 2011.

c. All investment-related information in the accompanying supplemental schedule as of and for the year ended December 31, 2011.

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:

	2011	2010
Mutual funds:		
Fidelity Contrafund - 108,112 and 111,295 shares, respectively	$ 7,293,213	$ 7,538,000
Fidelity Asset Manager - 70% - 155,788 and 157,512 shares, respectively	2,405,368	2,572,176
Fidelity Freedom 2010 Fund - 233,967 and 240,616 shares, respectively	3,064,967	3,269,974
Fidelity Freedom 2015 Fund - 204,982 and 196,605 shares, respectively	2,240,448	2,229,504
Fidelity Freedom 2020 Fund - 251,618 and 232,630 shares, respectively	3,301,224	3,207,967
Fidelity Freedom 2025 Fund - 219,550 and 175,136 shares, respectively	2,373,332	2,017,566
Other	14,340,126	14,620,724
Collective trust:		
Fidelity Managed Income Portfolio - 5,483,227 and 5,391,427 units, respectively	5,621,884	5,435,624
	$ 40,640,562	$ 40,891,535

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

During 2011, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by ($1,464,509) as follows:

Mutual funds	$ (1,537,649)
Collective trust	73,140
	$ (1,464,509)

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:

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.

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

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, 2011 and 2010.

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.

Assets at Fair Values as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. equity	$ 13,248,262	$ -	$ -	$ 13,248,262
International equity	1,163,565	-	-	1,163,565
Fixed income	2,293,878	-	-	2,293,878
Balanced	2,664,239	-	-	2,664,239
Target date	15,648,734	-	-	15,648,734
Total mutual funds	35,018.678	-	-	35,018,678
Collective trust:				
Stable Value	-	5,621,884	-	5,621,884
Total assets at fair value	$ 35,018.678	$ 5,621,884	$ -	$ 40,640,562

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

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 $138 for the year ended December 31, 2011.

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.

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

7. Tax Status

The IRS has determined and informed the Hospital by a letter dated November 7, 2011, 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.

All required federal returns for the Plan have been filed up to, and including the tax year ended December 31, 2010. The Plan's federal returns for 2008, 2009 and 2010 remain subject to examination by the Internal Revenue Service.

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, 2011

(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	**	$ 117,636
	Loomis Sayles	Loomis Sayles Sm Cap Value Retail Class Fund	**	103,079
	Perkins Investments	Perkins Mid Cap Value Fund	**	132,898
	RS Investments	RS Partners Fund	**	406,775
	PIMCO Funds Distributors LLC	PIMCO Funds Total Return Fund	**	663,072
*	Fidelity Investments	Fidelity Magellan Fund	**	1,101,398
*	Fidelity Investments	Fidelity Contrafund	**	7,293,213
*	Fidelity Investments	Fidelity Investment Grade Bond Fund	**	597,856
*	Fidelity Investments	Fidelity Growth & Income Portfolio	**	1,391,363
*	Fidelity Investments	Fidelity Intermediate Bond Fund	**	800,810
*	Fidelity Investments	Fidelity Value Fund	**	285,993
*	Fidelity Investments	Fidelity Overseas Fund	**	828,108
*	Fidelity Investments	Fidelity International Discovery Fund	**	335,456
*	Fidelity Investments	Fidelity Asset Manager - 50%	**	1,175,737
*	Fidelity Investments	Fidelity Disciplined Equity Fund	**	16,102
*	Fidelity Investments	Fidelity Asset Manager - 70%	**	2,405,368
*	Fidelity Investments	Fidelity Asset Manager - 20%	**	232,140
*	Fidelity Investments	Fidelity Mid-Cap Stock Fund	**	511,577
*	Fidelity Investments	Fidelity Freedom Income Fund	**	97,140

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, 2011

(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	**	$ 73,268
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	3,064,967
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	3,301,224
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	1,723,224
*	Fidelity Investments	Fidelity Managed Income Portfolio	**	5,483,227
*	Fidelity Investments	Fidelity Spartan US Equity Index Fund	**	874,223
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	1,039,386
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	112,746
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	2,240,448
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	2,373,332
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	843,897
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	514,923
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	361,319
		Total investments		$ 40,501,905

* 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.

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 12/31/2011 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 A. Brovelli

Title: SVP, Workplace Investing, Authorized Signatory for FMTC

Date: 01/18/2012

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.

69554

Fidelity Management
Trust Company

82 Devonshire Street (H1D)
Boston, MA 02109-3614

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	12/31/2011	1.58	12.78	8.38	12/31/2011	8.38	14.89	2.37	4.57
NASDAQ COMPOSITE INDEX	12/31/2011	-0.51	8.21	-0.79	12/31/2011	-0.79	19.44	2.50	3.74
BARCLAYS CAPITAL U.S. AGGREGATE BOND INDEX	12/31/2011	1.10	1.12	7.84	12/31/2011	7.84	6.77	6.50	5.78
RUSSELL 2000 INDEX	12/31/2011	0.66	15.47	-4.18	12/31/2011	-4.18	15.63	0.15	5.62
STANDARD & POOR'S 500 ™ INDEX	12/31/2011	1.02	11.82	2.11	12/31/2011	2.11	14.11	-0.25	2.92

	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	12/31/2011	1.44	12.10	-2.72	12/31/2011	-2.72	12.18	-2.57	4.44	7.49	–	0.97% on 03/01/2011	08/01/1994
FID CONTRAFUND	12/31/2011	-1.06	8.29	-0.12	12/31/2011	-0.12	14.70	2.58	6.96	12.06	–	0.92% on 03/01/2011	05/17/1967
FID DISCIPLND EQTY	12/31/2011	0.63	11.93	-3.13	12/31/2011	-3.13	8.55	-3.22	2.21	9.16	–	0.59% on 12/30/2011	12/28/1988
FID MAGELLAN	12/31/2011	-0.27	8.06	-11.55	12/31/2011	-11.55	11.95	-3.34	-0.14	15.97	–	0.60% on 05/28/2011	05/02/1963
SPTN 500 INDEX INV	12/31/2011	1.01	11.79	2.03	12/31/2011	2.03	14.07	-0.30	2.84	9.06	–	0.10% on 04/29/2011	02/17/1988
Mid-Cap													
FID MID CAP STOCK	12/31/2011	-0.67	9.08	-2.41	12/31/2011	-2.41	21.95	1.18	4.05	10.62	.75 % / 30days	0.61% on 06/29/2011	03/29/1994
FID VALUE	12/31/2011	0.42	12.14	-6.71	12/31/2011	-6.71	18.01	-2.12	5.74	11.78	–	0.60% on 12/30/2011	12/01/1978
PERKINS MID CP VAL T	12/31/2011	-0.44	10.36	-2.55	12/31/2011	-2.55	13.41	2.63	7.58	11.76	–	1.00% on 10/28/2011	08/12/1998
Small Cap													
LOOMIS SM CAP VAL R	12/31/2011	0.90	16.98	-1.82	12/31/2011	-1.82	16.33	2.01	6.91	8.45	–	1.30% on 09/30/2011	12/31/1996
RS PARTNERS A	12/31/2011	-0.92	12.38	-7.59	12/31/2011	-7.59	19.32	0.06	10.68	11.04	–	1.54% on 06/30/2011	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	12/31/2011	-2.21	3.50	-15.23	12/31/2011	-15.23	6.97	-4.09	6.28	7.21	1 % / 30days	0.97% on 12/30/2011	12/31/1986
FID OVERSEAS	12/31/2011	-4.03	5.92	-15.96	12/31/2011	-15.96	3.89	-6.37	3.16	9.49	1 % / 30days	0.73% on 12/30/2011	12/04/1984
Others													
FID GROWTH & INC	12/31/2011	2.14	12.82	1.39	12/31/2011	1.39	12.65	-6.69	-1.48	8.99	–	0.72% on 09/29/2011	12/30/1985
Blended Investments*													
Large Cap													
FID FREEDOM 2030	12/31/2011	0.02	6.60	-3.15	12/31/2011	-3.15	12.98	-0.12	3.66	5.81	–	0.75% on 05/28/2011	10/17/1996
FID FREEDOM 2040	12/31/2011	-0.13	7.49	-4.63	12/31/2011	-4.63	12.90	-0.76	3.40	0.56	–	0.78% on 05/28/2011	09/06/2000
Others													
FID ASSET MGR 20%	12/31/2011	0.56	2.60	2.63	12/31/2011	2.63	10.13	3.74	5.19	6.46	–	0.56% on 11/29/2011	10/01/1992
FID ASSET MGR 50%	12/31/2011	0.20	5.00	-0.65	12/31/2011	-0.65	13.88	2.54	3.87	8.13	–	0.71% on 11/29/2011	12/28/1988
FID ASSET MGR 70%	12/31/2011	-0.27	6.42	-3.75	12/31/2011	-3.75	14.77	1.07	2.98	7.23	–	0.80% on 11/29/2011	12/30/1991
FID FREEDOM 2000	12/31/2011	0.24	2.53	2.01	12/31/2011	2.01	8.62	3.03	3.75	5.60	–	0.47% on 05/28/2011	10/17/1996
FID FREEDOM 2005	12/31/2011	0.09	3.95	0.18	12/31/2011	0.18	10.98	2.07	–	4.29	–	0.58% on 05/28/2011	11/06/2003
FID FREEDOM 2010	12/31/2011	0.16	4.82	-0.28	12/31/2011	-0.28	11.59	2.20	4.22	6.33	–	0.62% on 05/28/2011	10/17/1996
FID FREEDOM 2015	12/31/2011	0.08	4.83	-0.34	12/31/2011	-0.34	11.84	1.90	–	4.75	–	0.63% on 05/28/2011	11/06/2003
FID FREEDOM 2020	12/31/2011	0.08	5.54	-1.36	12/31/2011	-1.36	12.81	1.13	4.15	6.29	–	0.69% on 05/28/2011	10/17/1996
FID FREEDOM 2025	12/31/2011	-0.07	6.30	-2.65	12/31/2011	-2.65	12.94	0.76	–	4.59	–	0.73% on 05/28/2011	11/06/2003
FID FREEDOM 2035	12/31/2011	-0.17	7.30	-4.59	12/31/2011	-4.59	12.75	-0.51	–	4.17	–	0.77% on 05/28/2011	11/06/2003
FID FREEDOM 2045	12/31/2011	-0.11	7.67	-5.02	12/31/2011	-5.02	12.89	-0.84	–	0.79	–	0.79% on 05/28/2011	06/01/2006
FID FREEDOM 2050	12/31/2011	-0.16	8.03	-5.57	12/31/2011	-5.57	12.85	-1.29	–	0.38	–	0.80% on 05/28/2011	06/01/2006
FID FREEDOM INCOME	12/31/2011	0.26	2.49	2.02	12/31/2011	2.02	8.44	3.27	3.73	5.02	–	0.46% on 05/28/2011	10/17/1996
Bond Investments													
Stable Value													
FID MGD INC PORT	12/31/2011	0.12	0.36	1.34	12/31/2011	1.34	1.43	2.47	3.38	4.99	–	0.69% on 09/30/2011	09/07/1989

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
Income													
FID INTERMED BOND	12/31/2011	0.95	0.93	6.15	12/31/2011	6.15	10.18	5.54	5.09	7.98	–	0.45% on 10/29/2011	05/23/1975
FID INVST GR BD	12/31/2011	1.32	1.21	7.91	12/31/2011	7.91	10.73	5.29	5.24	7.48	–	0.45% on 10/29/2011	08/06/1971
PIMCO TOT RETURN ADM	12/31/2011	1.71	2.16	3.91	12/31/2011	3.91	8.60	7.82	6.53	7.31	–	0.71% on 11/21/2011	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.

Brokerage Products and Services are offered through Fidelity Brokerage Services, Member NYSE, SIPC. Investment and workplace savings plan products and services offered directly to investors and plan sponsors are provided by Fidelity Brokerage Services, Member NYSE, SIPC, 900 Salem Street, Smithfield, RI 02917. Investment and workplace

savings plan products and services distributed through investment professionals are provided by Fidelity Investments Institutional Services Company, Inc., 100 Salem Street, Smithfield, RI 02917.

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SCHEDULE C SUPPLEMENTAL REPORT

THIS REPORT INCLUDES FEE-RELATED INFORMATION RECORDKEPT BY FIDELITY INVESTMENTS FOR THE PLAN, AS WELL AS INFORMATION MADE AVAILABLE TO FIDELITY THROUGH MORNINGSTAR, INC., AN INDEPENDENT INVESTMENTS RESEARCH COMPANY, AND CERTAIN OTHER SOURCES, WHICH HAS NOT BEEN INDEPENDENTLY VERIFIED BY FIDELITY. THE NOTES SECTION OF THIS REPORT MAY OR MAY NOT BE APPLICABLE TO YOUR PLAN. IN SOME CASES, YOU MAY ALSO NEED TO REFERENCE THE AUDITOR'S GUIDE FOR MORE DETAIL. PLEASE LOG INTO PSW TO ACCESS THE AUDITOR'S GUIDE AND RELATED DOCUMENTS THAT CAN ASSIST YOU AND/OR YOUR AUDITORS IN FACILITATING YOUR EMPLOYEE BENEFIT PLAN AUDIT.

PART I, LINE 1 - INFORMATION ON PERSONS EXCLUDED FROM THE REST OF PART I BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT FEES.

- IF THERE ARE NON-FIDELITY FUNDS IN THE PLAN AND ALL INFORMATION IS AVAILABLE IN THE ELIGIBLE INDIRECT COMPENSATION DISCLOSURE AT THE END OF THIS REPORT, CHECK "YES" AND IN PART I, LINE 1(b) ENTER FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. - 04-2647786.
- IF ALL INFORMATION IS NOT AVAILABLE, YOU MAY NEED TO CONTACT THE APPLICABLE FUND FAMILY FOR ADDITIONAL INFORMATION AND DISCLOSE THE NAME AND EIN OF THE ENTITY PROVIDING THE DISCLOSURE IN PART I, LINE 1(b).

PART I, LINE 2 - INFORMATION ON SERVICE PROVIDERS RECEIVING DIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 2(a)*	EIN/ADDRESS *1 *Part I, Line 2(a)*	SERVICE CODE *Part I, Line 2(b)*	RELATIONSHIP TO ER,EE,ORG OR PERSON OF INTEREST *Part I, Line 2(c)*	DIRECT COMP PAID BY PLAN *Part I, Line 2(d)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	04-2647786	64 65	RECORDKEEPER	$125

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSTATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	ABF LG CAP VAL INV - STATE STREET BANK & TRUST CO MA	04-1867445	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	LOOMIS SM CAP VAL R - BOSTON FINANCIAL DATA SERVICE, INC	330 W. 9TH STREET KANSAS CITY, MO 66160 UNITED STATES	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	PERKINS MID CP VAL T - JANUS SERVICES LLC	43-1804048	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	PIMCO TOT RETURN ADM - BOSTON FINANCIAL DATA SERVICE, INC	330 W. 9TH STREET KANSAS CITY, MO 66160 UNITED STATES	0.26%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	$0	RS PARTNERS A - BOSTON FINANCIAL DATA SERVICE, INC	330 W. 9TH STREET KANSAS CITY, MO 66160 UNITED STATES	0.55%

Plan: 69554

United Hospital Center, Inc. Money Purchase Pension Plan

Run Date: 01/18/2012

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0021	FID MAGELLAN - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FMAGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.33%
0022	FID CONTRAFUND - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FCNTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.60%
0026	FID INVST GR BD - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FBNDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.32%
0027	FID GROWTH & INC - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FGRIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.46%
0032	FID INTERMED BOND - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FTHRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.32%

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FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0039	FID VALUE - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FDVLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.37%
0094	FID OVERSEAS - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FOSFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.46%
0305	FID INTL DISCOVERY - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FIGRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.70%
0314	FID ASSET MGR 50% - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FASMX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.51%
0315	FID DISCIPLND EQTY - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FDEQX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.36%

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FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0321	FID ASSET MGR 70% - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FASGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.56%
0328	FID ASSET MGR 20% - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FASIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.42%
0337	FID MID CAP STOCK - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FMCSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.52%
0369	FID FREEDOM INCOME - STRATEGIC ADVISERS, INC.	FFFAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.46%*5
0370	FID FREEDOM 2000 - STRATEGIC ADVISERS, INC.	FFFBX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.47%*5
0371	FID FREEDOM 2010 - STRATEGIC ADVISERS, INC.	FFFCX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.62%*5

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ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0372	FID FREEDOM 2020 - STRATEGIC ADVISERS, INC.	FFFDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.69%*5
0373	FID FREEDOM 2030 - STRATEGIC ADVISERS, INC.	FFFEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.75%*5
0632	FID MGD INC PORT	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6	SEE NOTE *6
0650	SPTN 500 INDEX INV - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FUSEX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FUND MANAGEMENT	0.03%
0718	FID FREEDOM 2040 - STRATEGIC ADVISERS, INC.	FFFFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.78%*5
1312	FID FREEDOM 2005 - STRATEGIC ADVISERS, INC.	FFFVX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.58%*5
1313	FID FREEDOM 2015 - STRATEGIC ADVISERS, INC.	FFVFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.63%*5

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SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
1314	FID FREEDOM 2025 - STRATEGIC ADVISERS, INC.	FFTWX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.73%*5
1315	FID FREEDOM 2035 - STRATEGIC ADVISERS, INC.	FFTHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.77%*5
1617	FID FREEDOM 2045 - STRATEGIC ADVISERS, INC.	FFFGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.79%*5
1618	FID FREEDOM 2050 - STRATEGIC ADVISERS, INC.	FFFHX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *2	0.80%*5
OFA2	ABF LG CAP VAL INV - AMERICAN BEACON ADVISORS, INC.	AAGPX	AMERICAN BEACON	FUND MANAGEMENT	0.24%
OFAP	PIMCO TOT RETURN ADM - PACIFIC INVESTMENT MANAGEMENT CO LLC	PTRAX	PIMCO	FUND MANAGEMENT	0.46%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

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OFD0	LOOMIS SM CAP VAL R - LOOMIS SAYLES & CO.	LSCRX	LOOMIS SAYLES FUNDS	FUND MANAGEMENT	0.75%
OQJU	PERKINS MID CP VAL T - JANUS CAPITAL MANAGEMENT LLC	JMCVX	JANUS	FUND MANAGEMENT	0.70%
OQWY	RS PARTNERS A - RS INVESTMENT MANAGEMENT CO. LLC	RSPFX	RS FUNDS	FUND MANAGEMENT	1.00%

SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of $5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

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SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

Fund Name (Cusip #)	Share Balance 12/31/2011	Historical Cost	Price	Total Market Value
PIMCO TOT RETURN ADM	61,000.181	$686,561.14	$10.87	$663,071.97
ABF LG CAP VAL INV	6,668.718	$119,081.71	$17.64	$117,636.19
LOOMIS SM CAP VAL R	3,979.871	$96,455.68	$25.90	$103,078.66
PERKINS MID CP VAL T	6,582.365	$132,245.37	$20.19	$132,897.95
RS PARTNERS A	13,892.589	$405,786.93	$29.28	$406,775.01
FID MAGELLAN	17,488.065	$1,698,437.28	$62.98	$1,101,398.33
FID CONTRAFUND	108,111.672	$6,067,551.37	$67.46	$7,293,213.39
FID INVST GR BD	77,442.434	$562,019.26	$7.72	$597,855.59
FID GROWTH & INC	76,280.849	$2,542,784.68	$18.24	$1,391,362.69
FID INTERMED BOND	73,603.873	$751,410.47	$10.88	$800,810.14
FID VALUE	4,505.951	$331,593.97	$63.47	$285,992.71
FID OVERSEAS	31,272.965	$1,084,666.50	$26.48	$828,108.11
FID INTL DISCOVERY	12,149.818	$409,973.52	$27.61	$335,456.47
FID ASSET MGR 50%	78,278.077	$1,263,720.89	$15.02	$1,175,736.72
FID DISCIPLND EQTY	748.572	$17,990.40	$21.51	$16,101.78
FID ASSET MGR 70%	155,788.115	$2,489,620.92	$15.44	$2,405,368.50
FID ASSET MGR 20%	18,235.698	$223,442.21	$12.73	$232,140.44
FID MID CAP STOCK	19,188.918	$477,640.15	$26.66	$511,576.55
FID FREEDOM INCOME	8,642.303	$94,411.27	$11.24	$97,139.49
FID FREEDOM 2000	6,167.372	$66,923.60	$11.88	$73,268.38
FID FREEDOM 2010	233,966.928	$3,082,339.45	$13.10	$3,064,966.76
FID FREEDOM 2020	251,617.701	$3,432,867.69	$13.12	$3,301,224.24
FID FREEDOM 2030	134,207.517	$1,818,361.12	$12.84	$1,723,224.52
FID MGD INC PORT	5,483,226.790	$5,483,226.79	$1.00	$5,483,226.79

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United Hospital Center, Inc. Money Purchase Pension Plan

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SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

Fund Name (Cusip #)	Share Balance 12/31/2011	Historical Cost	Price	Total Market Value
SPTN 500 INDEX INV	19,649.872	$786,715.22	$44.49	$874,222.81
FID FREEDOM 2040	141,220.928	$1,092,794.98	$7.36	$1,039,386.03
FID FREEDOM 2005	10,717.288	$116,607.53	$10.52	$112,745.87
FID FREEDOM 2015	204,981.525	$2,271,460.10	$10.93	$2,240,448.07
FID FREEDOM 2025	219,549.647	$2,485,377.98	$10.81	$2,373,331.68
FID FREEDOM 2035	79,990.287	$880,840.83	$10.55	$843,897.53
FID FREEDOM 2045	59,254.656	$521,428.31	$8.69	$514,922.96
FID FREEDOM 2050	42,308.972	$366,760.14	$8.54	$361,318.62
OUTSTANDING LOAN BALANCE				$0.00
			NET ASSETS 12/31/2011:	$40,501,904.95

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.