

## Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2003

Open to Public Inspection

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

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

A For the 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C Name of organization

Westmoreland Regional Hospital

Number and street (or P O box if mail is not delivered to street addr) Room/suite

532 West Pittsburgh Street

City, town or country

Greensburg

State ZIP code + 4

PA 15601-2239

D Employer Identification Number

25-0965612

E Telephone number

(724) 832-4030

F Accounting method:

☐ Cash☒ Accrual

Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates \_\_\_\_\_

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number \_\_\_\_\_

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type (check only one)

☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 176,796,153.

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support 1a 96,393.

b Indirect public support 1b

c Government contributions (grants) 1c 1,310.

d Total (add lines 1a through 1c) (cash \$ noncash \$ ) 1d 97,703.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 138,943,958.

3 Membership dues and assessments 3

4 Interest on savings and temporary cash investments 4 214,149.

5 Dividends and interest from securities 5 1,779,375.

6a Gross rents 6a

b Less: rental expenses 6b

c Net rental income or (loss) (subtract line 6b from line 6a) 6c

7 Other investment income (describe ) 7

8a Gross amount from sales of assets other than inventory (A) Securities (B) Other

31,951,529. 8a

b Less: cost or other basis and sales expenses 8b

c Gain or (loss) (attach schedule) See L-8 Stmt 1,319,886. 8c

d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 1,319,886.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a) 9a

b Less: direct expenses other than fundraising expenses 9b

c Net income or (loss) from special events (subtract line 9b from line 9a) 9c

10a Gross sales of inventory, less returns and allowances 10a

b Less: cost of goods sold 10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c

11 Other revenue (from Part VII, line 103) 11 3,809,439.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 146,164,510.

13 Program services (from line 44, column (B)) 13 127,735,322.

14 Management and general (from line 44, column (C)) 14 12,880,444.

15 Fundraising (from line 44, column (D)) 15 0.

16 Payments to affiliates (attach schedule) 16

17 Total expenses (add lines 16 and 44, column (A)) 17 140,615,766.

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 5,548,744.

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 90,259,855.

20 Other changes in net assets or fund balances (attach explanation) 20 7,542,905.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 103,351,504.

RECEIVED  
MAY 16 2005  
OGDEN, UT

8-13

15

SCANNED JUN 21 2005

RECEIVED

EXPENSES

ASSETS



**Balance Sheets** (See Instructions)

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non-interest-bearing .....	4,500.	45	3,251,994.
	46 Savings and temporary cash investments .....	7,617,922.	46	10,013,888.
	47a Accounts receivable .....	21,809,013.		
	b Less: allowance for doubtful accounts .....	4,301,810.		
		17,225,334.	47c	17,507,203.
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....			
			48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach sch) .....	110,480.		
	b Less: allowance for doubtful accounts .....			
		163,588.	51c	110,480.
	52 Inventories for sale or use .....	897,846.	52	933,022.
	53 Prepaid expenses and deferred charges .....	809,021.	53	1,618,895.
54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	64,421,610.	54	71,123,205.	
55a Investments – land, buildings, & equipment: basis .....				
b Less: accumulated depreciation (attach schedule) .....				
		55c		
56 Investments – other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....	170,717,153.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt .....	122,854,621.			
	52,567,534.	57c	47,862,532.	
58 Other assets (describe ▶ See Line 58 Stmt) .....	9,233,625.	58	9,690,000.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	152,940,980.	59	162,111,219.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses .....	9,649,238.	60	11,287,511.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....	31,775,000.	64b	29,919,418.
	65 Other liabilities (describe ▶ See Line 65 Stmt) .....	21,256,887.	65	17,552,786.
66 <b>Total liabilities</b> (add lines 60 through 65) .....	62,681,125.	66	58,759,715.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	87,566,552.	67	100,204,367.
	68 Temporarily restricted .....	376,849.	68	873,496.
	69 Permanently restricted .....	2,316,454.	69	2,273,641.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	90,259,855.	73	103,351,504.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	152,940,980.	74	162,111,219.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Reconciliation of Revenue per Audited  
Financial Statements with Revenue  
per Return** (See instructions.)**Reconciliation of Expenses per Audited  
Financial Statements with Expenses  
per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> N/A	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:		<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:	
(1) Net unrealized gains on investments .... \$		(1) Donated services and use of facilities .... \$	
(2) Donated services and use of facilities .. \$		(2) Prior year adjustments reported on line 20, Form 990 .... \$	
(3) Recoveries of prior year grants . .... \$		(3) Losses reported on line 20, Form 990 .... \$	
(4) Other (specify):		(4) Other (specify):	
----- \$		----- \$	
Add amounts on lines (1) through (4) ....	<b>b</b>	Add amounts on lines (1) through (4) ....	<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b> .....	<b>c</b>	<b>c</b> Line <b>a</b> minus line <b>b</b> .....	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
(1) Investment expenses not included on line 6b, Form 990 .....		(1) Investment expenses not included on line 6b, Form 990 .....	
(2) Other (specify):		(2) Other (specify):	
----- \$		----- \$	
Add amounts on lines (1) and (2) ...	<b>d</b>	Add amounts on lines (1) and (2) ...	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) .....	<b>e</b>	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) .....	<b>e</b>

**List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Hon. John J. Driscoll 532 West Pittsburgh St Greensburg, PA 15601	Chairman ***	0.	0.	0.
Dale A. Walker 532 West Pittsburgh St Greensburg, PA 15601	Vice Chairman ***	0.	0.	0.
Jennings Womack 532 West Pittsburgh St Greensburg, PA 15601	Secretary ***	0.	0.	0.
John A. Robertshaw, Jr. 532 West Pittsburgh St Greensburg, PA 15601	Treasurer ***	0.	0.	0.
David S. Gallatin 532 West Pittsburgh St Greensburg, PA 15601	Interim CEO ***	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? .....

☒ Yes

☐ No

If 'Yes,' attach schedule — see instructions.

**Other Information** (See instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>78b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
<b>b</b> If 'Yes,' enter the name of the organization <b>See Attachment</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	85a	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
<b>c</b> Dues, assessments, and similar amounts from members	85c	
<b>d</b> Section 162(e) lobbying and political expenditures	85d	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders	87a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</b> 0 ; <b>section 4912</b> 0 ; <b>section 4955</b> 0		
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction</b>	89b	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b> List the states with which a copy of this return is filed PA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	1,640
<b>91</b> The books are in care of Jeffrey T. Curry, Executive VP/CFO Telephone number (724) 832-4030 Located at 532 West Pittsburgh Street, Greensburg, PA ZIP + 4 15601-2239		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	92	

**Analysis of Income-Producing Activities** (See instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Patient service					138,943,958.
b revenue (net)					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	214,149.	0.
96 Dividends & interest from securities			14	1,779,375.	0.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,319,886.	0.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Laboratory Services	621500	155,327.			
c Rental Income	531120	118,112.			
d Cafeteria			03	839,307.	0.
e See Other Revenue Stmt				2,696,693.	0.
104 Subtotal (add columns (B), (D), and (E))		273,439.		6,849,410.	138,943,958.
105 Total (add line 104, columns (B), (D), and (E))					146,066,807.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	See Attached Statement

**Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

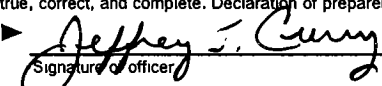
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on information provided by taxpayer.

  
 Signature of officer

Jeffrey T. Curry, Executive V.P. / C.  
 Type or print name and title

Paid  
Pre-  
parer's  
Use  
Only

Preparer's  
signature

Firm's name (or  
yours if self-  
employed)  
address, and  
ZIP + 4

Non-Paid Prepa

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

**2003**

Name of the organization

Westmoreland Regional Hospital

Employer identification number

25-0965612

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Ralph Ritenour, DDS 532 West Pittsburgh St, Greensburg, PA 15601	Dentist 40	103,492.	1,553.	
Daniel Berkley 532 West Pittsburgh St, Greensburg, PA 15601	Physicist 40	101,825.	1,527.	
Robert Specht 532 West Pittsburgh St, Greensburg, PA 15601	Physicist 40	90,624.	1,359.	
Howard Armour 532 West Pgh St. Greensburg, Pa. 15601	CRNA/Prog.Dir. 40	89,323.	1,340.	
Catherine M. Thompson 532 West Pgh St. Greensburg, Pa. 15601	CRNA/Asst.Prog.Dir. 40	88,756.	1,331.	
Total number of other employees paid over \$50,000	266			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Ohio Valley Perfusion Services PO Box 640046, Pittsburgh PA 15264	Perfusion Services	765,133.
West.PA. Anesthesia Association, LTD 4778 Liberty Ave, Pittsburgh, PA 15224	Anesthesia Services	740,948.
Point Security 532 West Pgh St. Greensburg Pa. 15601	Security Services	577,945.
KForce PO Box 970956, Dallas,TX 75397-0656	Nursing Agency	373,767.
Favorite Nurses PO Box 803356, Kansas City, MO 64180-3356	Nursing Agency	305,844.
Total number of others receiving over \$50,000 for professional services	11	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2003

**Part III** Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? . . . . .	2a		X
b	Lending of money or other extension of credit? . . . . .	2b		X
c	Furnishing of goods, services, or facilities? . . . . .	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e	Transfer of any part of its income or assets? . . . . .	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4		X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

N/A

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...					
<b>16</b> Membership fees received .....					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....					
<b>24</b> Line 23 minus line 17 .....					
<b>25</b> Enter 1% of line 23 .....					
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24 ..... <b>26a</b>				
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....	<b>26b</b>				
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....	<b>26c</b>				
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>				
<b>e</b> Public support (line 26c minus line 26d total) .....	<b>26e</b>				
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....	<b>26f</b> %				
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>				
<b>d</b> Add: Line 27a total ..... and line 27b total .....	<b>27d</b>				
<b>e</b> Public support (line 27c total minus line 27d total) .....	<b>27e</b>				
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ....	<b>27f</b>				
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....	<b>27g</b> %				
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....	<b>27h</b> %				
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Private School Questionnaire** (See instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		
<b>b</b> Admissions policies? .....		
<b>c</b> Employment of faculty or administrative staff? .....		
<b>d</b> Scholarships or other financial assistance? .....		
<b>e</b> Educational policies? .....		
<b>f</b> Use of facilities? .....		
<b>g</b> Athletic programs? .....		
<b>h</b> Other extracurricular activities? .....		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
-----		
-----		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b>		
	<b>The lobbying nontaxable amount is --</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	
	<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.		

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount . . . . .					
46 Lobbying ceiling amount (150% of line 45(e)) . . . . .					
47 Total lobbying expenditures . . . . .					
48 Grassroots non-taxable amount . . . . .					
49 Grassroots ceiling amount (150% of line 48(e)) . . . . .					
50 Grassroots lobbying expenditures . . . . .					

**Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators, or the public . . . . .		X	
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
i Total lobbying expenditures (add lines c through h.) . . . . .			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule of Gains and Losses from  
Sale of Assets Other than Inventory**

2003

▶ Attach to return

Name  
Westmoreland Regional Hospital

Employer Identification Number  
25-0965612

**Part I, Line 8, Column (A) Securities**

**Public Securities**

Description	Gross Sales Price	Basis	
Publicly Traded Securities	31,951,529.	Cost	30,631,643.
		Selling Expenses	
		Basis	30,631,643.

**Nonpublic Securities**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

**Total Securities** ..... 31,951,529. 30,631,643.

**Gain or (Loss) from Sale of Securities** ..... 1,319,886.

**Part I, Line 8, Column (B) Other Assets**

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	

**Total Other Assets** .....

**Gain or (Loss) from Sale of Other Assets** .....

---

**Additional Information**

---

---

**Explanation for Other Changes in Net Assets - Page 1, Line 20**

---

The other changes in net assets are due to:

- 1) Donations received for Property and Equipment
  - 2) Unrealized Loss on investments
  - 3) Donation from the
  - 4) Transfer of funds to Parent Organization
  - 5) Restricted Gifts received
  - 6) Investment income on temporarily restricted net assets
  - 7) Net assets released from temporary restrictions
  - 8) Unrealized Losses on Permanently restricted Net Assets
-

Form 990, Page 4, Part V

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Jeffrey T. Curry 532 West Pittsburgh St Greensburg, Pa 15601 ***all board members devote time as needed	Assistant Treasurer ***	0.	0.	0.

Total

0. 0. 0.

**Miscellaneous Statement**

Officer, Trustee, Director or Key Employee receiving >\$10,000 from a related or	Salary	Benefits
David S. Gallatin, Interim CEO	154,923.	0.
Jeffrey T. Curry, Executive VP and CFO	254,865.	3,823.
Total	<u>409,788.</u>	<u>3,823.</u>



Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Parent Mgt. fees	5,014,867.	0.	5,014,867.	0.
Bad debts	4,510,000.	4,510,000.	0.	0.
Wearing Apparel and Linen	672,639.	672,639.	0.	0.
Gain(Loss) on disposal of Eq	-1,000.	-1,000.	0.	0.
Charitable Contributions	4,642.	0.	4,642.	0.
Nutrition Svc Exp	1,123,510.	1,123,510.	0.	0.
Inventory Adj	-14,266.	-14,266.	0.	0.
Amortization	127,712.	127,712.	0.	0.
Total	<u>11,438,104.</u>	<u>6,418,595.</u>	<u>5,019,509.</u>	<u>0.</u>

Form 990, Page 3, Part IV, Line 54

**Investments - Securities Statement**

Line 54 -- Investments - Securities:	Beginning of Year	End of Year
Board designated funds-Funded Depreciation	61,325,987.	67,682,751.
Endowment fund	3,095,623.	3,440,454.
Total	<u>64,421,610.</u>	<u>71,123,205.</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	2,602,565.	0.	2,602,565.
Land Improvements	3,550,131.	2,199,540.	1,350,591.
Buildings	50,353,490.	31,817,434.	18,536,056.
Leasehold Improvements	17,859.	5,358.	12,501.
Equipment	114,099,986.	88,832,289.	25,267,697.
Construction in progress	93,122.	0.	93,122.
Total	<u>170,717,153.</u>	<u>122,854,621.</u>	<u>47,862,532.</u>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
Assets held by bond trustee	2,752,380.	2,799,650.
Prepaid pension	0.	0.
Intangible Pension Asset	4,747,224.	4,165,061.
Deferred bond issuance costs	1,079,911.	952,200.
Due from affiliated organizations	0.	515,079.

Form 990, Page 3, Part IV, Line 58

Continued

**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Other Long Term Assets- Deferred Comp Plan	654,110.	1,258,010.
Total	<u>9,233,625.</u>	<u>9,690,000.</u>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Advance from third party payors	32,000.	32,000.
Current portion of long term obligations	1,966,600.	1,913,963.
Accrued interest payable	955,059.	908,175.
Due to affiliated organization	312,901.	7,731.
Accrued Pension Costs	17,336,217.	14,328,945.
Other LTD Deferred Comp Plan	654,110.	361,972.
Total	<u>21,256,887.</u>	<u>17,552,786.</u>

Form 990, Page 4, Part V

**List of Officers, Etc. Statement**

<b>(A)</b> Name and address	<b>(B)</b> Title and average hours per week devoted to position	<b>(C)</b> Compensation (if not paid, enter -0-)	<b>(D)</b> Contributions to employee benefit plans and deferred compensation	<b>(E)</b> Expense account and other allowances
Jeffrey T. Curry 532 West Pittsburgh St Greensburg, Pa 15601 ***all board members devote time as needed	Assistant Treasurer ***	0.	0.	0.

Total

0. 0. 0.

Form 990, Page 6, Part VII, Line 103

**Other Revenue Stmt**

Other revenue:	Unrelated business income		Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
	<b>(A)</b> Business code	<b>(B)</b> Amount	<b>(C)</b> Exclusn code	<b>(D)</b> Amount	
Parking garage			03	116,744.	0.
LTACH Revenue			03	499,149.	0.

Form 990, Page 6, Part VII, Line 103

Continued

**Other Revenue Stmt**

Other revenue:	Unrelated business income		Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
	<b>(A)</b> Business code	<b>(B)</b> Amount	<b>(C)</b> Exclusn code	<b>(D)</b> Amount	
<u>Office and Building Rent</u>			03	419,837.	0.
<u>County Mental Health Ap</u>			03	905,024.	0.
<u>Others</u>			03	755,939.	0.
Total				<u>2,696,693.</u>	<u>0.</u>

## **Westmoreland Health System and its Subsidiaries**

Westmoreland Health System, formed in 1988 by the alignment of Westmoreland Regional Hospital and its other sister subsidiaries, adopted three tenets: To rededicate efforts toward improving the quality of life as well as the efficiency and effectiveness of health care delivery; to guide patients through a variety of settings including acute, ambulatory, subacute and others, and to promote and sustain healthy lifestyles. This linkage serves as a first step in expanding the range of services available and enhancing quality while improving access to the care continuum. These subsidiaries include:

**Westmoreland Regional Hospital**, located in central Westmoreland County, is a full service, acute care hospital and regional referral center with 302 beds (plus 46 skilled care beds and 31 beds in Select Specialty Hospital on the fourth floor) and a medical/dental staff numbering 300. Among the hospital's specialty services is its Heartcenter, the only comprehensive cardiac care program in the county. The Heartcenter offers a chest pain emergency center, two cardiac catheterization laboratories for the diagnosis and treatment of heart disease, open heart surgery and a four-phase cardiac rehabilitation program.

As the first hospital in the area to be designated a comprehensive cancer care center, Westmoreland Regional offers surgery, chemotherapy and radiation therapy as well as access to national clinical trials and extensive psycho-social support services.

Westmoreland for Women offers a wide range of services for those planning or considering pregnancy and gynecological services. We offer a home-like atmosphere for delivery through our labor-delivery-recovery suites (LDRs) with operating suites readily available for Cesarean or high risk births. Epidurals and other obstetrical anesthesia are offered; vaginal birth after Cesarean (VBAC) is encouraged. A special care nursery is available for ill or premature infants.

Other services at Westmoreland Regional include the Comprehensive Counseling Center as well as a private practice, Associates in Counseling, both offering a full range of mental health and counseling services; the Breast Health Center; Outpatient Center; Sleep Disorders Center; Diabetes Treatment Center; Asthma Center; Digestive Disorders Center; the Pain Center; the SurgiCenter at Westmoreland; the Wound Center; the Lung Center; the Westmoreland Skilled Care Center; fixed-site and open MRI units; a large critical care unit with an intensivist program — 24 hour a day, in-house physician specialist coverage in the critical care areas; emergency care; Westmoreland Home Health Care and Westmoreland Hospice (Medicare certified), and the Westmoreland Regional Hospital Healthplace, a health education and resource center located in nearby Westmoreland Mall.

For more information about our services, physician referral, support group scheduling or for free patient transportation, contact our Call Center toll free, 1-877-771-1234.

Other subsidiaries include:

- **Frick Hospital:** An acute care hospital serving southern Westmoreland and northern Fayette Counties with 163-beds. Offers a renovated facility that houses a surgical suite with four state-of-the-industry operating rooms, minor procedure rooms, endoscopy services, post anesthesia recovery, central processing suite and needed support functions with a renovated area housing a new short procedure unit. Also features obstetrical units and nursery along with the addition of a new wing housing labor-delivery-recovery-postpartum suites. On-site, 18-bed skilled nursing unit, on-site MRI services and radiation oncology facilities. Specialty services include general acute care, cardiac care, cancer care, emergency care, inpatient and outpatient surgical care, obstetrical, newborn and pediatric care, home health, occupational health, rehabilitative services,

Sleep Disorders Center and a patient transportation service. The Women's Health Center in Connellsville offers education, health testing and annual examinations along with a wide range of outreach programs for women of all ages. Frick Hospital is located at 508 South Church Street, Mt. Pleasant, Pa. 15666, (724) 547-1500.

- CareGivers of Southwestern PA.:** a private duty registry; RNs, LPNs, homemakers, and home health aide services; professional care management. Located in the Westmoreland Health System Otterman Complex, 501 West Otterman Street, Greensburg, Pa. 15601, (724) 850-6950

- The SurgiCenter at Ligonier:** specializing in outpatient ophthalmic (including radial keratotomy "RK," automated lamellar keratoplasty "ALK," and photorefractive keratectomy, "PRK" procedures and plastic surgeries using laser technology. Pain management treatments. 221 West Main St., Ligonier, Pa. 15658, (724) 238-9573.

- MedCare Equipment Co.:** carrying a full line of brand name medical equipment and supplies for purchase and/or rent. 24-hour emergency service. Two locations, 443 West Pittsburgh Street, Greensburg, (724) 830-8650; Latrobe 30 Shopping Plaza, Route 30, Latrobe, (724) 539-3800, or call toll free, 1-800-445-5495.

---

- Westmoreland Regional Hospital Foundation:** collects gifts/contributions in support of hospital programs and services. 532 W. Pittsburgh St., Greensburg, Pa., (724) 832-4155.

- Westmoreland Primary Health Center:** offers more convenient access to health care services through a network of primary care physicians. WPHC includes 16 sites throughout Westmoreland and Fayette Counties including:

  - Primary Health Center at Delmont, Rt. 22, Delmont, (724) 468-8764

  - Primary Health Center at Mt. Pleasant, 107 W. Main St., Mt. Pleasant, (724) 547-7566

  - Primary Health Center at Mt. View, Rt. 30, Greensburg, (724) 834-2525

  - Primary Health Center at West Newton, 115 S. 2nd St., West Newton, (724) 872-5252

  - Primary Health Center at Youngwood, 505 N. 4th St., Youngwood, (724) 925-3300

  - Primary Health Center at Ligonier, 113 N. Fairfield St., Ligonier, (724) 238-2121

  - Primary Health Center at Greensburg, (Family Practice) 440 Pellis Rd., (724) 837-5257

  - Primary Health Center at Greensburg (Pediatrics), Medical Commons One, 530 South St, (724) 832-7045

  - Primary Health Center at Greensburg, Medical Commons One, 530 South St., (724) 850-6990

  - Plundo Masterson Medical Associates (Internal Medicine), 516 Pellis Rd., Greensburg, (724) 832-2570

  - Thomas DeGregory, DO, (Family Practice), 660 Pellis Rd., Suite 201, Greensburg, (724) 832-7877

  - Scott Milstein, DO, RD #6, Box 560, Greensburg, (724) 837-9070

  - Robert McGrath, DO, 512 S. Center Ave., New Stanton, (724) 925-1199

  - Christian Vittone, MD, Jones Mills, Pa. (724) 593-9000

  - A. Timothy Saloom, MD, Mt. Pleasant, (724) 547-5501

  - Steven M. Troy, DO, & Robert K. Greene, MD, OB/Gyn, Mt. Pleasant and Connellsville, (724) 620-9835

Westmoreland Regional Hospital, EIN Number 250965612  
Form 990, Page 5, Part VI, Other Information  
Line 80b, Related Organizations

<u>Organization</u>	<u>Exempt/ Non-Exempt</u>	<u>EIN Number</u>
Westmoreland Health System	Exempt	25-1471089
CareGivers Of Southwestern PA	Exempt	25-1570733
SurgiCenter of Ligonier	Exempt	25-1401138
Westmoreland Regional Hospital Foundation	Exempt	25-1309084
Westmoreland Holding Company	Non-Exempt	25-1826537

---

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>Westmoreland Regional Hospital</b>	Employer identification number <b>25 0965612</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>532 West Pittsburgh Street</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Greensburg, PA 15601</b>	

Check type of return to be filed (File a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Anthony M. Waltos**  
Telephone No. **(724) 832-4029** FAX No. **(724) 832-4572**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **May 15**, 20 **05**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01**, 20 **0**, and ending **06/30**, 20 **04**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Preparer requires additional time to prepare a complete and accurate return**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **0**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Richard Conn** Title **Vice President Finance** Date **2/15/05****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

**EXTENSION APPROVED**

**MAR 03 2005**

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN,