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1 Briefly describe the organization's mission

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 23,227,391 including grants of \$) (Revenue \$ 26,641,869)

COMMUNITY HOSPITAL OF ANACONDA IS COMPRISED OF A 25-BED CRITICAL ACCESS HOSPITAL AND A 62-BED NURSING HOME FACILITY WHICH PROVIDES HEALTH CARE SERVICES. THE HOSPITAL PROVIDED 5,283 DAYS OF INPATIENT ACUTE CARE SERVICES, 34,948 OUTPATIENT VISITS, 8,711 EMERGENCY ROOM/CONVENIENT CARE VISITS, AND 844 SURGERIES. THE NURSING HOME PROVIDED 19,836 DAYS OF RESIDENT SERVICES FOR THE YEAR ENDED DECEMBER 31, 2009. THE HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AND TO INDIVIDUALS WHO ARE UNABLE TO PAY. THE UNREIMBURSED CHARGES OF PROVIDING CARE TO THESE PATIENTS WAS 419,591 FOR CHARITY CARE, 5,779,768 FOR MEDICARE, 578,007 FOR MEDICAID, AND 2,259,531 FOR OTHER THIRD PARTY PAYORS FOR THE YEAR ENDED DECEMBER 31, 2009.

4b (Code) (Expenses \$ 72,640 including grants of \$ 72,640) (Revenue \$)

COMMUNITY HOSPITAL OF ANACONDA ALSO SPONSORS NUMEROUS YOUTH GROUPS AND ACTIVITIES WITHIN ITS COMMUNITY












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

4d Other program services (Describe in Schedule O)

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

4e	Total program service expenses	\$ 23,300,031
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a32		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a359		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	10	
b	Enter the number of voting members that are independent	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LAURA AUSTIN 401 W PENNSYLVANIA ANACONDA, MT 59711 (406) 563-8521

Part VII

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN S MCNEECE CEO/TRUSTEE	40 00	X		X				216,151	0	28,558
SHAWNA BAKER MD PHYSICIAN/TR	40 00	X						196,087	0	16,734
BOB FRANCISCO CHAIR	1 00	X						0	0	0
LEE ANN BARTOLETTI VICE CHAIR	1 00	X						0	0	0
BILL FINNEGAN SEC-TREASURE	1 00	X						0	0	0
GENE VUCKOVICH SEC-TREASURE	1 00	X						0	0	0
JACK HAFFEY EXEC MEMBER	1 00	X						0	0	0
CHARLENE GALLE TRUSTEE	1 00	X						0	0	0
STAN BLAZ TRUSTEE	1 00	X						0	0	0
WILLIAM REITER MD FACP CMO TRUSTEE	1 00	X						0	0	0
LAURA AUSTIN CFO	40 00			X				152,877	0	11,693
FREDERICK BARTOLETTI MD PHYSICIAN	40 00					X		287,622	0	11,190
GEORGE BIANCARELLI MD PHYSICIAN	40 00					X		282,473	0	12,862
LEEANN URBAN CRNA	40 00					X		151,410	0	11,416
ROBERT WAGENAAR MD PHYSICIAN	40 00					X		132,726	0	9,282
JILL BOLSTAD MD PHYSICIAN	40 00					X		129,610	0	14,263

Part VII

1b Total	▶	1,548,956	115,998
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\$100,000 in reportable compensation from the organization

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

individual

rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

\$100,000 of compensation from the organization

(c) Name and business address	(c) Description of services	(c) Compensation
DR PETER SORINI 22 BITTERSWEET BUTTE, MT 59701	SURGEON	627,000
THE LOST CREEK COMPANY 1102 E COMMERCIAL ANACONDA, MT 59711	PHYSICIAN SRVCS	379,770
DR THOMAS MCMAHON 1401 W PENN AVE ANACONDA, MT 59711	SURGEON	307,200
ST PATRICK HOSPITAL 500 W BROADWAY MISSOULA, MT 59802	CEO SERVICES	254,086
TOBACCO ROOT ANESTHESIOLOGY PO BOX 1330 THREE FORKS, MT 59752	CRNA SERVICES	216,950

\$100,000 in compensation from the organization ➡ 7

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	18,031			
	e	Government grants (contributions)	1e	106,272			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	154,302			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		278,605			
Program Service Revenue	2a	PATIENT SERVICE REVENUE, NET	Business Code	26,617,043	26,617,043		
	b	PHARMACY SALES	446,110	35,037		35,037	
	c	RENTAL INCOME		24,826	24,826		
	d	CATERING	722,320	20,159		20,159	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		26,697,065			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		90,963	90,963	
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-26,126	-26,126		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a	CAFETERIA REVENUE		29,934			29,934	
b	OTHER REVENUE		24,831			24,831	
c	MEDICAL RECORDS & TRANSCRIPTI		6,490			6,490	
d	All other revenue						
e	Total. Add lines 11a-11d		61,255				
12	Total revenue. See Instructions		27,101,762	26,706,706	55,196	61,255	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	72,640	72,640		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	164,571		164,571	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,823,743	8,714,138	1,109,605	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	271,750	241,288	30,462	
9	Other employee benefits	1,423,888	1,250,335	173,553	
10	Payroll taxes	1,115,043	974,165	140,878	
11	Fees for services (non-employees)				
a	Management	254,086		254,086	
b	Legal	28,550		28,550	
c	Accounting	40,211		40,211	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,174,695	2,870,801	303,894	
12	Advertising and promotion	89,649	218	89,431	
13	Office expenses	4,241,748	4,072,466	169,282	
14	Information technology	136,026	136,026		
15	Royalties				
16	Occupancy	810,978	369,827	441,151	
17	Travel	7,388	3,714	3,674	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92,758	73,816	18,942	
20	Interest	206,773	176,819	29,954	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	674,971	598,470	76,501	
23	Insurance	722,595	625,659	96,936	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	1,955,817	1,955,817		
b	BED TAX	333,091	333,091		
c	DUES & SUBSCRIPTIONS	103,941	41,053	62,888	
d	OTHER EXPENSES	79,115		79,115	
e	COGS	54,121	54,121		
f	All other expenses		735,567	-735,567	
25	Total functional expenses. Add lines 1 through 24f	25,878,148	23,300,031	2,578,117	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			656,394	1	1,047,029
	2	Savings and temporary cash investments			2,318,675	2	3,631,720
	3	Pledges and grants receivable, net			211,869	3	164,852
	4	Accounts receivable, net			5,411,594	4	4,712,642
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			15,664	5	9,862
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			106,218	7	114,318
	8	Inventories for sale or use			352,421	8	437,396
	9	Prepaid expenses and deferred charges			220,528	9	118,145
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	13,937,659			
	b	Less accumulated depreciation	10b	8,702,210	4,915,901	10c	5,235,449
	11	Investments—publicly traded securities			840,960	11	707,988
	12	Investments—other securities. See Part IV, line 11			142,580	12	271,821
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			716,574	15	1,254,285
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,909,378	16	17,705,507
Liabilities	17	Accounts payable and accrued expenses			1,815,709	17	1,717,830
	18	Grants payable				18	
	19	Deferred revenue			358,287	19	512,605
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,588,278	23	3,447,038
	24	Unsecured notes and loans payable to unrelated third parties			131,789	24	120,400
	25	Other liabilities. Complete Part X of Schedule D			555,171	25	
	26	Total liabilities. Add lines 17 through 25			5,449,234	26	5,797,873
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			10,221,350	27	11,907,634
	28	Temporarily restricted net assets			238,794	28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			10,460,144	33	11,907,634
	34	Total liabilities and net assets/fund balances			15,909,378	34	17,705,507

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		629,922		629,922
b Buildings		5,547,082	2,895,829	2,651,253
c Leasehold improvements				
d Equipment		7,356,603	5,462,790	1,893,813
e Other		404,052	343,591	60,461
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,235,449

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input checked="" type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input checked="" type="checkbox"/> Other 185 000 %</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	3b	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?			
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	4	Yes	
6a	Does the organization prepare an annual community benefit report?	5a	Yes	
6b	If "Yes," does the organization make it available to the public?	5b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c		
		6a	Yes	
		6b	Yes	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . .			299,210		299,210	1 160 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .			4,340,537	4,181,096	159,441	0 620 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			4,639,747	4,181,096	458,651	1 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			127,384		127,384	0 490 %
f Health professions education (from Worksheet 5) . . .			3,956		3,956	0 020 %
g Subsidized health services (from Worksheet 6) . . .			5,391,057	3,684,347	1,706,710	6 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .			29,016		29,016	0 110 %
j Total Other Benefits			5,551,413	3,684,347	1,867,066	7 210 %
k Total. Add lines 7d and 7j			10,191,160	7,865,443	2,325,717	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	2		509		509	
3Community support						
4Environmental improvements	1		717		717	
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	5		3,739		3,739	0.010 %
9Other						
10Total	8		4,965		4,965	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	1,394,693	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	7,475,464	
6Enter Medicare allowable costs of care relating to payments on line 5	6	7,404,564	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	70,900	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1NA				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

COMMUNITY HOSPITAL OF ANACONDA
401 W PENNSYLVANIA
ANACONDA, MT 59711
COMMUNITY NURSING HOME OF ANACONDA
600 MAIN
ANACONDA, MT 59711
PINTLER HOME OPTIONS
305 W PENNSYLVANIA
ANACONDA, MT 59711

X

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

THE HOSPITAL HAS INCLUDED COSTS ASSOCIATED WITH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES IN PART I, LINE 7G IN THE AMOUNT OF 3,114,284 IN COLUMN C AND 2,171,237 IN COLUMN D

THE PATIENT ACCOUNTS RECEIVABLE FOOTNOTE OF THE AUDITED FINANCIAL STATEMENTS READS AS FOLLOWS "RECEIVABLES ARISING FROM PATIENT SERVICE REVENUES ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND CONTRACTUAL ADJUSTMENTS, BASED ON EXPERIENCE, THIRD-PARTY CONTRACTUAL ARRANGEMENTS, AND ANY UNUSUAL CIRCUMSTANCES, WHICH MAY AFFECT THE ABILITY OF PATIENTS TO MEET THEIR OBLIGATIONS ACCOUNTS DEEMED UNCOLLECTIBLE ARE CHARGED AGAINST THIS ALLOWANCE RECEIVABLES ARE STATED IN THE BALANCE SHEETS NET OF CONTRACTUAL ADJUSTMENTS LESS AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS " THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON SCHEDULE H, PART III, LINE 2 INCLUDES THE COST TO CHARGE RATIO OF PATIENT CARE THE HOSPITAL DID NOT TRACK THE AMOUNT OF BAD DEBT EXPENSE THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY BUT FOR WHOM SUFFICIENT INFORMATION WAS NOT OBTAINED TO MAKE DETERMINATION OF THEIR ELIGIBILITY DURING 2009

IF A PATIENT CANNOT PAY THE ENTIRE BILL WITHIN THE TIMELINE SPECIFIED IN THE BILLING/COLLECTION POLICY, AN INTERVIEW WITH THE PATIENT IS CONDUCTED WE SCREEN THE PATIENT TO DETERMINE THEIR FINANCIAL STATUS IF THEY ARE TRUE SELF PAY WITHOUT INSURANCE, WE MAKE A REFERRAL TO THE MASH PROGRAM TO SEE IF THEY QUALIFY FOR ANY GOVERNMENT PROGRAMS SUCH AS MEDICAID, MEDICARE, SSI, ETC IF THEY HAVE BEEN SCREENED AND DO NOT QUALIFY FOR ANY PROGRAMS, WE DETERMINE IF THEY ARE ELIGIBLE FOR OUR FINANCIAL ASSISTANCE PROGRAM PART OF THE FINANCIAL ASSISTANCE PROGRAM IS A REDUCED PAYMENT PLAN THAT CAN BE APPROVED EVEN IF THE PATIENT DOES NOT QUALIFY FOR FULL FINANCIAL ASSISTANCE IF THE PATIENT HAS INSURANCE, THE SAME PROCEDURE IS COMPLETED WITHOUT THE PATIENT BEING SCREENED BY THE MASH PROGRAM ANOTHER PROVISION IN THE CREDIT AND COLLECTIONS POLICY ALLOWS THE PATIENT ACCOUNT REPRESENTATIVE TO APPROVE A LESSER PAYMENT ARRANGEMENT IF THE ARRANGEMENT IS IN THE BEST INTEREST OF THE HOSPITAL AND THE PATIENT AN EXAMPLE OF THIS WOULD BE A PATIENT MAY HAVE A TEMPORARY SITUATION THAT PREVENTS MEETING A HIGHER PAYMENT, WE WILL APPROVE THE LOWER PAYMENT PLAN WITH A DATE TO REEVALUATE WHEN THAT SITUATION IS RESOLVED CHA WORKS WITH PATIENTS TO ACCOMMODATE THEIR FINANCIAL SITUATION THE FACT THAT THEY CANNOT MEET THE GUIDELINES UNDER THE FINANCIAL POLICY, DOES NOT MEAN THAT THEY ARE SENT DIRECTLY TO COLLECTIONS PARTIAL OR FULL PAYMENT MAY BE REQUIRED PRIOR TO SERVICE IN SOME SITUATIONS ALL NON-EMERGENT PATIENTS REQUIRING A SURGICAL PROCEDURE, THAT DO NOT HAVE INSURANCE COVERAGE MUST MEET WITH A PATIENT ACCOUNT REPRESENTATIVE PRIOR TO HAVING THE SERVICE PROVIDED WE INTERVIEW THE PATIENT TO DETERMINE THEIR FINANCIAL STATUS BASED ON THE PROCEDURE BEING PERFORMED AND THE FINANCIAL STATUS OF THE PATIENT, A PARTIAL OR FULL PAYMENT MAY BE REQUIRED IF THE PATIENT IS UNABLE TO MAKE THE PARTIAL OR FULL PAYMENT, A REFERRAL IS MADE WITH THE MASH PROGRAM TO DETERMINE IF THE PATIENT QUALIFIES FOR ANY GOVERNMENT PROGRAMS ONCE SCREENED BY MASH, FOR ANY PATIENT THAT DOES NOT QUALIFY FOR ANY GOVERNMENT PROGRAM, AN APPLICATION FOR FINANCIAL ASSISTANCE IS OFFERED PRIOR TO THE SERVICE BEING PERFORMED BASED ON THE RESULTS OF THE FINANCIAL ASSISTANCE APPLICATION, THE BALANCE OF THE ACCOUNT AND THE PATIENTS ABILITY TO PAY ARE EVALUATED IF THE PATIENT HAS THE ABILITY TO PAY, A PARTIAL OR FULL PAYMENT IS REQUIRED IF THE PATIENT DOES NOT HAVE THE ABILITY TO PAY, THE ACCOUNT IS RELIEVED UNDER THE PATIENT FINANCIAL ASSISTANCE PROGRAM

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

IN NOVEMBER 2007, COMMUNITY HOSPITAL OF ANACONDA (CHA) PARTICIPATED IN A COMMUNITY NEEDS ASSESSMENT VIA A GRANT THROUGH RURAL HEALTH RESOURCE CENTER (MONTANA OFFICE OF RURAL HEALTH) THE GOAL OF THE COMMUNITY NEEDS ASSESSMENT WAS TO DETERMINE THE COMMUNITY'S OPINION OF CURRENT SERVICES AND QUALITY OF CARE AT CHA AS WELL AS TO DETERMINE NEEDED HEALTHCARE AND COMMUNITY SERVICES THIS PROCESS INCLUDED A RANDOM, WRITTEN SURVEY MAILED TO 640 RESIDENTS OF ANACONDA-DEER LODGE COUNTY IN LATE 2007, FOLLOWED BY THREE FOCUS GROUPS IN JANUARY 2008 IN ADDITION, A STEERING COMMITTEE OF VARIOUS COMMUNITY MEMBERS WAS FORMED TO ASSIST IN THE DEVELOPMENT OF THE SURVEY INSTRUMENT AND TO PROVIDE A FORUM TO DISCUSS THE COMMUNITY'S ISSUES WITH RESPECT TO HEALTHCARE IN SUMMARY, THE FOLLOWING WERE IDENTIFIED AS THE TOP COMMUNITY HEALTH CARE NEEDS ADDITIONAL PROFESSIONALS TO ADDRESS THE ISSUES OF DRUG AND ALCOHOL ABUSE INCREASED COMMUNITY HEALTH EDUCATION REGARDING PREVENTION AND WELLNESS ADDITIONAL SPECIALISTS TO ALLEVIATE THE NEED TO TRAVEL OUT OF THE COMMUNITY IN RESPONSE, CHA HAS INCREASED OUR COMMUNITY OUTREACH EFFORTS, OFFERING PREVENTATIVE HEALTH EDUCATION TO LOCAL BUSINESSES, COUNTY EMPLOYERS AND LOCAL SCHOOLS IN ADDITION, WE HOST AN ANNUAL HEALTH FAIR WITH LOW-COST LAB WORK AND EDUCATION REGARDING NUTRITION AND RISK PREVENTION CHA HAS ALSO WORKED TO DEVELOP ADDITIONAL REFERRAL SOURCES FOR DRUG AND ALCOHOL INTERVENTION/EDUCATION TO ALLEVIATE THE NEED FOR PATIENTS TO TRAVEL GREAT DISTANCES TO SEEK SPECIALIZED CARE, CHA HAS ADDED THE FOLLOWING SPECIALISTS WHO VISIT CHA ON A REGULAR BASIS GASTROENTEROLOGY PODIATRY GENERAL SURGERY NEUROSURGERY OBSTETRICS/GYNECOLOGY CHA WILL CONTINUE TO ASSESS THE NEED FOR ADDITIONAL SPECIALISTS AND WILL CONTINUE TO WORK WITH THE COMMUNITY GROUPS TO OFFER ADDITIONAL COMMUNITY OUTREACH AND EDUCATION

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

IN COMPLIANCE WITH THE COLLECTION POLICIES OF CHA, AN ANNUAL REVIEW IS PERFORMED OF ALL CREDIT/COLLECTION AND FINANCIAL ASSISTANCE POLICIES ONCE REVIEWED AND REVISED, THE INFORMATION IS DISTRIBUTED TO THE COMMUNITY IN A VARIETY OF WAYS THE FACILITY PUBLISHED A BROCHURE THAT IS PLACED IN PUBLIC AREAS OF ALL THE CHA FACILITIES, AS WELL AS INCLUDED IN ALL FORMAL ADMISSION PACKETS TO PATIENTS THE PATIENT ACCOUNT REPRESENTATIVES HAND OUT THE INFORMATION DURING PATIENT CONSULTS AS WELL THE INFORMATION IS ALSO AVAILABLE ON THE CHA WEBSITE ANNUALLY, THE PATIENT ACCOUNTS LEADER DISTRIBUTES THE NEW INFORMATION TO LOCAL AGENCIES THAT ASSIST LOW INCOME POPULATIONS DISCUSSIONS OCCUR WITH THE AGENCIES REGARDING THE FINANCIAL ASSISTANCE PROGRAMS AND CHA'S ABILITY TO ASSIST PATIENTS WITH THE BURDEN OF APPLYING FOR GOVERNMENT PROGRAMS SUCH AS DISABILITY, ETC

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

ANACONDA-DEER LODGE COUNTY (ADLC) COVERS 737 SQUARE MILES OF SOUTHWESTERN MONTANA, WITH 12 3 PERSONS PER SQUARE MILE, MAKING IT A RURAL COUNTY WITH RURAL URBAN CONTINUUM CODE OF 7 (RUCC 1 = MOST URBAN, 10= MOST RURAL) ANACONDA DEER LODGE COUNTY IS A DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA (HPSA, ID1309993042) THE 2000 CENSUS WAS 9,417, COMPARED TO A 2004 POPULATION OF 9,074, REPRESENTING A POPULATION LOSS OF 3 8% SINCE 2000 THE MAJOR COMMUNITY IN ANACONDA-DEER LODGE COUNTY IS ANACONDA, WITH A MEDIAN AGE OF 42 3 YEARS ACCORDING TO 2004 DATA, 15 8% OF THE PEOPLE IN THE COUNTY LIVE BELOW THE POVERTY LINE, WITH AN AVERAGE UNEMPLOYMENT RATE OF 6 5%, COMPARED TO THE STATE RATE OF 4 7% TWENTY-THREE PERCENT OF THE POPULATION AGED 21-64 LIVES WITH A DISABILITY COMPARED TO THE 17% STATE AVERAGE ACCORDING TO THE MONTANA DEPARTMENT OF LABOR AND INDUSTRY, NEARLY ONE-THIRD OF THE COVERED EMPLOYMENT IS IN THE GOVERNMENT SECTOR, WITH MONTANA STATE HOSPITAL AT WARM SPRINGS BEING THE LARGEST EMPLOYER HEALTHCARE ACCOUNTS FOR NEARLY ONE-FOURTH OF THE TOTAL PRIVATE WORKFORCE, WHILE ACCOMMODATIONS AND FOOD SERVICES ARE THE LARGEST PRIVATE JOB SECTOR WITH 29% OF THE TOTAL EMPLOYMENT IN 2009, GROSS PATIENT REVENUES WERE APPROXIMATELY 35,000,000 AS THE COMMUNITY'S ONLY SOURCE OF HOSPITAL CARE, CHA PROVIDED 2,375,408 DURING 2009 AS UNCOMPENSATED/CHARITY CARE FOR UNINSURED AND UNDER-INSURED PEOPLE COMMUNITY HOSPITAL OF ANACONDA (CHA) HAS BEEN SERVING THE HEALTHCARE NEEDS OF ANACONDA-DEER LODGE COUNTY (ADLC) SINCE 1889 THE HOSPITAL IS A PRIVATELY OWNED, NON-PROFIT, TWENTY-FIVE BED CRITICAL ACCESS FACILITY BUILT IN 1981 CHA OFFERS A FULL CONTINUUM OF CARE INCLUDING INPATIENT HOSPITAL SERVICES, OUTPATIENT SERVICES, FIVE AMBULATORY CARE CLINICS INCLUDING INTERNAL MEDICINE, FAMILY PRACTICE, SURGICAL, PEDIATRICS AND CONVENIENT CARE, AN EDEN REGISTERED LONG-TERM CARE FACILITY, AND HOSPICE SERVICES CHA EMPLOYS OVER 280 INDIVIDUALS, WITH AN ANNUAL SALARIES AND BENEFITS EXPENSE IN EXCESS OF 12 8 MILLION

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

COMMUNITY HOSPITAL OF ANACONDA PARTICIPATES IN A NUMBER OF COMMUNITY ACTIVITIES FOCUSED ON PREVENTION AND HEALTHY LIFESTYLE CHOICES ONE AREA CHA HAS FOCUSED ON IS SPONSORING CAMPS AND ACTIVITIES FOR CHILDREN WHO ARE "AT-RISK" DETERMINED BY A NUMBER OF FACTORS FROM ECONOMIC STATUS TO LACK OF MENTORING AND PARENTAL INVOLVEMENT DUE TO THE CLOSE PROXIMITY OF CHA TO THE STATE PENITENTIARY, MANY OF OUR YOUTH HAVE A FATHER WHO IS INCARCERATED AND NOT ACTIVELY INVOLVED IN DAY TO DAY PARENTING THE LOCAL CROSSROADS, KIDZ CLUB AND GRACE CAMP MINISTRIES OFFER A SANCTUARY FOR THESE AT-RISK CHILDREN TO LEARN THE SKILLS NECESSARY TO SUCCEED IN LIFE THROUGH POSITIVE MENTORSHIP AND EDUCATION FOR MANY CHILDREN, THESE ORGANIZATIONS ARE THE ONLY PLACE BESIDES SCHOOL THEY CAN RECEIVE A NUTRITIOUSLY BALANCED MEAL CHA BELIEVES OUR FINANCIAL AND VOLUNTEER SPONSORSHIP OF THESE ORGANIZATIONS IS PARAMOUNT TO THE HEALTHY FUTURE OF OUR COMMUNITY IN ADDITION, CHA OFFERS FINANCIAL SUPPORT TO THE FOLLOWING COMMUNITY ACTIVITIES COPPER VILLAGE ARTS CENTER-ART EXPERIENCES FOR YOUNG PEOPLE ANACONDA COMMUNITY INTERVENTION-POSITIVE LIFESTYLE/SUBSTANCE ABUSE EDUCATION FOR YOUTH ANACONDA RELAY FOR LIFE-CANCER RESEARCH FUNDRAISING/SURVIVOR RECOGNITION/AWARENESS EVENT HEARST FREE LIBRARY-SUMMER READING PROGRAM FOR ANACONDA YOUTH SHAKESPEARE IN THE PARK - FREE THEATRICAL PERFORMANCE FOR THE COMMUNITY ANACONDA KIWANIS - EYEGLASSES FOR YOUTH IN NEED CHEW FOR CHOW-AWARENESS/TOBACCO PREVENTION PROGRAM FREE PRE-NATAL CLASSES - FIVE TWO SESSIONS FOR EXPECTANT PARENTS (NEED NOT BE DELIVERING AT CHA) COMMUNITY FOOD BANK UNITED WAY COMMUNITY HEALTH FAIR- LOW COST BLOOD WORK, RESULTS COUNSELING, PREVENTATIVE HEALTH EDUCATION FINANCIAL COUNSELING FOR THE UNINSURED GO RED FOR WOMEN COMMUNITY EDUCATION EVENT COMMUNITY HEALTH SERVICE DEVELOPMENT PROGRAM-FOCUS GROUPS AND SURVEY TO DETERMINE THE HEALTH AND WELFARE NEEDS OF OUR COMMUNITY ANACONDA HIGH SCHOOL ATHLETIC SPONSORSHIP-INCLUDES SPORTS PHYSICALS, EQUIPMENT, SPONSORSHIP OF LOCAL, REGIONAL AND DIVISIONAL SPORTING EVENTS SPONSORSHIP OF LOCAL SCHOOL DISTRICT PROGRAMS SUCH AS NATIONAL HONOR SOCIETY, ALCOHOL FREE GRADUATION PARTY, CAREER FAIRS, BLOOD DRIVES AND NON-ATHLETIC CLUBS AND ACTIVITIES NUTRITIONAL COUNSELING BY REGISTER DIETITIAN TO VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS CPR CLASSES FOR LOCAL ORGANIZATIONS, FIRE AND POLICE DEPARTMENTS AS WELL AS EMERGENCY MEDICAL TECHNICIANS

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

CHA FURTHERS OUR EXEMPT PURPOSE BY PROMOTING THE HEALTH OF OUR COMMUNITY COMMUNITY HOSPITAL OF ANACONDA'S BOARD OF TRUSTEES IS COMPRISED OF COMMUNITY MEMBERS REPRESENTING MULTIPLE FACETS OF OUR COMMUNITY FROM THE FINANCIAL SECTOR TO SMALL BUSINESS OWNERS TO RETIREES AND SCHOOL DISTRICT EMPLOYEES THIS VOLUNTEER BOARD HAS DEDICATED THEIR TIME TO ENSURING THEY UNDERSTAND THE HEALTH AND WELFARE NEEDS OF OUR COMMUNITY VIA PARTICIPATION IN RECENT FOCUS GROUPS REGARDING HEALTHCARE, OTHER COMMUNITY GROUPS AND BY TALKING TO COMMUNITY MEMBERS THESE ACTIVITIES AND THE INPUT THEY SOLICIT ARE PARAMOUNT TO THE STRATEGIC PLANNING PROCESS OF CHA MEDICAL STAFF PRIVILEGES AT CHA ARE OPEN TO ALL MEDICAL PROVIDERS WITH ACTIVE LICENSURE WHILE WE HAVE INSTITUTED AN ARDUOUS CREDENTIALING PROCESS TO ENSURE PRACTITIONERS OF THE HIGHEST CALIBER ARE PRIVILEGED, WE ENCOURAGE PRACTITIONERS FROM NUMEROUS SPECIALTIES TO MEET THE EVER EXPANDING HEALTHCARE NEEDS OF THE COMMUNITY AS A NON-PROFIT CORPORATION, WE DO NOT HAVE SHAREHOLDERS THEREFORE, SURPLUS FUNDS ARE REINVESTED INTO OUR FACILITIES, EQUIPMENT AND EMPLOYEE EDUCATION THE ABSENCE OF SHAREHOLDERS ELIMINATES THE POTENTIAL FOR CONFLICTS OF INTEREST RELATED TO ATTAINING INFLATED PROFIT MARGINS AND ALLOWS COMMUNITY HOSPITAL OF ANACONDA TO FOCUS ON WHAT IS IMPORTANT-MEETING THE HEALTH AND WELFARE NEEDS OF OUR COMMUNITY

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

N/A

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE HEALTH & SERVICES - WA1801 LIND AVE SW NO 9016 RENTON,WA 98057	510216586	3		19,215	ESTIMATE	MED EQUIPMENT	ASSIST 3RD WORLD
COMMUNITY HOSPITAL & NURSING HOME OF ANACONDA FOUNDATION INCPO BOX 1245 ANACONDA,MT 59711	810504127	3	29,530				FACILITY REPAIRS
VARIOUS			23,895				

2

Enter total number of section 501(c)(3) and government organizations

▶ 2

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div>		
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>		
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN S MCNEECE	(i) (ii)	216,151			12,105	16,453	244,709	
SHAWNA BAKER MD	(i) (ii)	196,087				16,734	212,821	
LAURA AUSTIN	(i) (ii)	152,877				11,693	164,570	
FREDERICK BARTOLETTI MD	(i) (ii)	287,622				11,190	298,812	
GEORGE BIANCARELLI MD	(i) (ii)	282,473				12,862	295,335	
LEEANN URBAN	(i) (ii)	151,410				11,416	162,826	

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

81-0303913

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Yes No

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Yes No

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(c) Amount of grant or type of assistance

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Yes No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number
81-0303913

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	COMMUNITY HOSPITAL OF ANACONDA (CHA) PROVIDES A CARING ENVIRONMENT RESPONDING WITH EXCELLENCE TO THE HEALTH CARE NEEDS OF THOSE WE SERVE RESPECTING THE DIGNITY AND RECOGNIZING THE WORTH OF EACH PERSON IS THE FOUNDATION OF OUR COMMITMENT TO CARE
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	ARE UNABLE TO PAY THE UNREIMBURSED CHARGES OF PROVIDING CARE TO THESE PATIENTS WAS 419,591 FOR CHARITY CARE, 5,779,768 FOR MEDICARE, 578,007 FOR MEDICAID, AND 2,259,531 FOR OTHER THIRD PARTY PAYORS FOR THE YEAR ENDED DECEMBER 31, 2009
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	THE HOSPITAL UTILIZES AN EMPLOYEE OF ST PATRICK HOSPITAL AS IT'S CHIEF EXECUTIVE OFFICER
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	WHEN THE HOSPITAL WAS FORMED IN 1969, SOME COMMUNITY MEMBERS PURCHASED THE HOSPITAL FROM SISTERS OF CHARITY AS THESE ORIGINAL MEMBERS DECEASE, THEIR MEMBERSHIP IS THEN LOST AN ANNUAL MEETING IS SCHEDULED IN SEPTEMBER OF EACH YEAR WITH A PUBLIC NOTICE POSTED IN THE LOCAL PAPER THE REMAINING ORIGINAL MEMBERS MAY ATTEND THE MEETING HOWEVER, THEY ARE NOT ACTIVE MEMBERS AND DO NOT HAVE VOTING RIGHTS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF THE 990 IS PROVIDED TO THE CFO, WHO REVIEWS THE FORM, SCHEDULES, AND RELATED ATTACHMENTS ANY COMMENTS OR QUESTIONS ARE ADDRESSED WITH THE PREPARER AND A FINAL APPROVAL IS GIVEN TO THE PREPARER BEFORE FINALIZING ONCE MANAGEMENT IS SATISFIED WITH THE 990, THE CFO SIGNS OFF ON THE FORM 8879-EO BEFORE THE RETURN IS E-FILED BY THE PREPARER EFFECTIVE JULY 30, 2009, THE BOARD DESIGNATED THE FINANCE COMMITTEE TO ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE 990 AND IS NOW PART OF THE REVIEW PROCESS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ARTICLE II OF THE BYLAWS STATE THAT AT A MINIMUM EACH MEMBER OF THE BOARD WILL EXECUTE THE CONFLICT OF INTEREST FORM AT THE COMMENCEMENT OF THE TERM OR IN THE EVENT OF ANY CHANGE THAT MAY DEVELOP THE CONFLICT OF INTEREST GUIDELINES ARE MONITORED BY THE CHA CORPORATE COMPLIANCE OFFICER THE COMPLIANCE OFFICER ATTENDS NEW EMPLOYEE ORIENTATION AND PRESENTS THE POLICY AS PART OF THE OVERALL CORPORATE LEGAL COMPLIANCE PROGRAM EACH EMPLOYEE IS PRESENTED WITH A CONFLICT OF INTEREST STATEMENT ALL POTENTIAL CONFLICTS ARE DISCLOSED IF ANY POTENTIAL CONFLICTS ARE IDENTIFIED, THE COMPLIANCE OFFICE WILL MEET WITH THE EMPLOYEE'S SUPERVISOR AND ADMINISTRATION TO DETERMINE IF A CONFLICT EXISTS ON AN ANNUAL BASIS, ALL EMPLOYEES AND THE BOARD OF DIRECTORS ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST STATEMENT THE CORPORATE COMPLIANCE OFFICER TRACKS THE RECEIPT AND COMPLETION OF THE CONFLICT OF INTEREST STATEMENTS THE PROCESS IS A PART OF THE ANNUAL EMPLOYEE REQUIREMENTS MANDATED FOR CONTINUED EMPLOYMENT
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE MAIN SOURCE AVAILABLE TO CHA IN REGARD TO FAIR MARKET VALUE IN SALARIES IS THE MONTANA HOSPITAL ASSOCIATION ANNUAL SALARY SURVEY THIS SURVEY IS UTILIZED EXTENSIVELY FOR SETTING THE SALARY LEVELS OF EMPLOYEES AT CHA THE SURVEY ITEMIZES ALL HOSPITALS AS A GROUP, CAH HOSPITALS, AND HOSPITALS BY REGION CHALLENGES EXIST WHEN CHA JOB DESCRIPTIONS ARE UNIQUE, AND THEREFORE, MAY NOT BE LISTED AS A JOB CATEGORY IN THE MHA SURVEY IN REGARD TO SETTING THE SALARY LEVELS OF PHYSICIANS, CHA UTILIZES THE MGMA PHYSICIAN COMPENSATION AND PRODUCTION SURVEY THIS SURVEY ITEMIZES SALARIES AND PRODUCTIVITY BY PHYSICIAN SPECIALTY, BY YEARS IN PRACTICE, GEOGRAPHIC REGION, AND OTHER CATEGORIES CHA STRIVES TO PAY MARKET LEVEL SALARIES TO ALL EMPLOYEES OF THE ORGANIZATION IT IS OUR GOAL TO RECRUIT AND RETAIN TOP TALENT IN EVERY VENUE, WHILE CONTROLLING SALARY AND BENEFIT COSTS WITHIN ESTABLISHED TARGETS IN 2008, CHA HIRED AN INDEPENDENT CONSULTANT TO EVALUATE THE SALARY LEVELS OF THE SENIOR MANAGEMENT THIS SALARY SURVEY REVIEWED SALARIES FOR HOSPITALS IN CHA'S REVENUE RANGE IN OUR REGION, AS WELL AS SALARY LEVELS ACROSS THE COUNTRY ALL JOBS REVIEWED WERE WELL WITHIN THE PUBLISHED RANGES, AS DETERMINED BY CRITICAL DATA, INC
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE FORM 990, PART VI, LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COMMUNITY HOSPITAL OF ANACONDA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THE COMMUNITY BENEFIT REPORT

ADDITIONAL INFORMATION SCHEDULE O FORM 990, PART XI, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS EFFECTIVE JULY 30, 2009, THE BOARD HAS DESIGNATED THE FINANCE COMMITTEE TO ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS PART X, LINE 10 - DESCRIPTION OF DEPRECIATION EXPENSE COMPUTATION DEPRECIATION IS PROVIDED OVER THE ESTIMATED USEFUL LIFE OF EACH CLASS OF DEPRECIABLE ASSET AND IS COMPUTED ON THE STRAIGHT-LINE METHOD A HALF-YEAR CONVENTION IS USED FOR EQUIPMENT UNDER THIS CONVENTION, ONE-HALF YEAR'S DEPRECIATION IS TAKEN IN THE YEAR OF ASSET ACQUISITION AND ONE-HALF YEAR'S DEPRECIATION IS TAKEN IN THE YEAR OF ASSET DISPOSAL BUILDINGS AND BUILDING IMPROVEMENTS ARE DEPRECIATED FOR THE NUMBER OF MONTHS IN USE EQUIPMENT UNDER CAPITAL LEASE IS AMORTIZED ON THE STRAIGHT-LINE METHOD OVER THE SHORTER PERIOD OF THE LEASE TERM OR THE ESTIMATED USEFUL LIFE OF THE EQUIPMENT RANGES OF DEPRECIABLE LIVES ARE AS FOLLOWS BUILDINGS AND IMPROVEMENTS 5 - 40 YEARS EQUIPMENT 3 - 20 YEARS

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

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
COMMUNITY HOSPITAL OF ANACONDA

Employer identification number

81-0303913

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

COMMUNITY HOSPITAL & NURSING HOME
OF ANACONDA FOUNDATION INC
PO BOX 1245

SUPPORT

MT

501

11B

COMMUNITY
HOSPITAL OF ANACONDA

ANACONDA, MT 59711
81-0504127

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) COMMUNITY HOSPITAL AND NURSING HOME OF ANACONDA FOUNDATION (1) See Additional Data Table (2)	J	78,108
(3)		
(4)		
(5)		
(6)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 81-0303913

Name: COMMUNITY HOSPITAL OF ANACONDA

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	1,955,817	1,955,817		
BED TAX	333,091	333,091		
DUES & SUBSCRIPTIONS	103,941	41,053	62,888	
OTHER EXPENSES	79,115		79,115	
COGS	54,121	54,121		