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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COMMUNITY HOSPITAL ASSOCIATION		D Employer identification number 84-0175870
		Doing Business As Boulder Community Hospital		E Telephone number (303) 440-2358
		Number and street (or P O box if mail is not delivered to street address) PO Box 9019	Room/suite	G Gross receipts \$ 549,677,220
		City or town, state or country, and ZIP + 4 Boulder, CO 803019019		
	F Name and address of principal officer William A Munson Jr PO Box 9019 Boulder, CO 803019019		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: www.bch.org		H(c) Group exemption number		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1922	M State of legal domicile CO	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Providing our community with the safest and highest quality healthcare in an innovative, patient-centered environment		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 2,61	
	6	Total number of volunteers (estimate if necessary)	6 86	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 4,456,27	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -499,15	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,812,100	Current Year 2,392,215
	9	Program service revenue (Part VIII, line 2g)	247,961,220	250,660,703
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,360,033	1,482,242
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,941,202	9,719,578
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,074,555	264,254,738
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	764,923
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	129,002,814	131,621,519
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>353,358</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	129,365,117	126,314,054
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	259,132,854	258,532,937
19		Revenue less expenses Subtract line 18 from line 12	6,941,701	5,721,801
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	403,724,035	455,617,964
	21	Total liabilities (Part X, line 26)	210,731,461	194,474,330
	22	Net assets or fund balances Subtract line 21 from line 20	192,992,574	261,143,634

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2010-11-15</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>William A Munson Jr CFO & Vice President</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div> <div> <div>EIN</div> <div></div> </div>
	<div> <div>Phone no</div> <div></div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Providing our community with the safest and highest quality healthcare in an innovative, patient-centered environment

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 \$ 190,953,243 including grants of \$ 595,364) (Revenue \$ 264,254,702)

Health Care Delivery IP & OP medical care In 2009, the hospital discharged 8,777 adult & pediatric patients with an average length of stay of 4.5 days. 51,142 patients were seen in our ERs/Urgent Care facilities. 7,385 surgeries were performed. The hospital had adjusted patient days of 84,198. The hospital had 862 volunteers in 2009 and they volunteered 66,664 hours for the hospital.

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses \$ 190,953,243

Form 990 (2009)

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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		
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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	Yes	
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.	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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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	Yes	
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	Yes	
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	Yes	
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		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		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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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		No
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		No
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		No
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		No
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	1a	207	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	2a	2,612	
	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)			
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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
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	15	
b	Enter the number of voting members that are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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		No
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	Yes	
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	Yes	

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 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 ▶ Lisa Rogowski, Controller PO Box 9019 Boulder, CO 803019019 (303) 440-2358

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

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

Form **990** (2009)

1b	Total	3,674,046	0	685,948
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶105

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CK Leasing LLC 905 Alpine Avenue Boulder, CO 80304	Cyberknife services	4,303,916
Dr Laune Coryell Community Medical Center 1000 W So Boulder Rd Lafayette, CO 80026	Urgent Care Phys Group	1,170,033
Boulder Valley Anesthesiology LLC PO Bpx 17389 Denver, CO 80217	Anesthesiology coverage	782,876
Emergency Courier Services in care of Aaron Ramsey 7713 N 41st St Niwot, CO 80503	medical courier service	723,804
Boulder Valley Pulmonology PC 1000 Alpine Suite 100 Boulder, CO 80304	Hospitalists	536,392

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶15

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	0	2,392,215			
	b	Membership dues	1b	6,270				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	1,489,024				
	e	Government grants (contributions)	1e	761,645				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	135,276				
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	Acute care hospital	622,000	250,660,703	246,423,508	4,178,044	59,151	
	b							
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			250,660,703			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,402,716	0	0	4,402,716	
	4	Income from investment of tax-exempt bond proceeds . . .		334,918	0	0	334,918	
	5	Royalties		0	0	0	0	
	6a	(i) Real		(ii) Personal				
		Gross Rents	0	0				
		b Less rental expenses	0	0				
		c Rental income or (loss)	0	0				
	d	Net rental income or (loss)		0	0	0	0	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	280,753,053	1,312,459				
		b Less cost or other basis and sales expenses	284,030,979	1,289,925				
		c Gain or (loss)	-3,277,926	22,534				
	d	Net gain or (loss)		-3,255,392	22,534	0	-3,277,926	
	8a	Gross income from fundraising events (not including \$ 0 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	8,257	0	0	8,257
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . .		a	82,681	0	0	82,681
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code						
11a	Misc Hospital Revenue	622,000	4,405,191	2,701,402	278,229	1,425,560		
b	Health Care Joint Ventures	621,400	5,223,449	5,223,449	0	0		
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d			9,628,640				
12	Total revenue. See Instructions			264,254,738	254,370,893	4,456,273	3,035,357	

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	244,978	244,978		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	54,246	54,246		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	298,140	298,140		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,008,779	1,150,557	2,658,000	200,222
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	99,521,294	75,476,112	23,960,526	84,656
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,935,549	5,993,046	1,931,192	11,311
9	Other employee benefits	12,736,218	9,446,811	3,261,471	27,936
10	Payroll taxes	7,419,679	5,568,915	1,835,306	15,458
11	Fees for services (non-employees)				
a	Management	1,548,937	287,493	1,261,444	0
b	Legal	200,371	0	200,371	0
c	Accounting	92,682	12,992	79,690	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	564,716	0	564,716	0
g	Other	18,583,516	15,380,984	3,202,532	0
12	Advertising and promotion	1,119,885	0	1,119,885	0
13	Office expenses	49,297,999	45,144,247	4,141,380	12,372
14	Information technology	3,524,741	857,597	2,667,144	0
15	Royalties				
16	Occupancy	4,260,792	1,632,734	2,626,447	1,611
17	Travel	303,935	189,297	114,272	366
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	168,818	70,219	98,599	
20	Interest	2,143,842	0	2,143,842	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,959,517	9,688,627	7,257,481	13,409
23	Insurance	1,796,076	1,714,137	81,939	0
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	Equip Repairs & Mtnce	6,801,393	665,900	6,134,541	952
b	Provision for Bad Debts	16,624,197	16,624,197	0	0
c	Other Direct Costs	2,322,637	452,014	1,885,558	-14,935
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	258,532,937	190,953,243	67,226,336	353,358
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			7,911	1	131,910
	2	Savings and temporary cash investments			2,988,569	2	2,522,110
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			32,436,749	4	39,393,999
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			3,538,243	7	3,374,306
	8	Inventories for sale or use			1,077,464	8	1,234,078
	9	Prepaid expenses and deferred charges			1,721,033	9	2,419,095
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	312,944,896			
	b	Less accumulated depreciation	10b	164,719,343	153,113,096	10c	148,225,553
	11	Investments—publicly traded securities			159,027,076	11	158,530,873
	12	Investments—other securities See Part IV, line 11			25,071,164	12	72,062,636
	13	Investments—program-related See Part IV, line 11			2,644,468	13	2,325,989
	14	Intangible assets			192,084	14	131,250
	15	Other assets See Part IV, line 11			21,906,178	15	25,266,165
	16	Total assets. Add lines 1 through 15 (must equal line 34)			403,724,035	16	455,617,964
Liabilities	17	Accounts payable and accrued expenses			38,252,077	17	35,165,350
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			147,815,862	20	142,624,294
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			114,782	24	73,558
	25	Other liabilities Complete Part X of Schedule D			24,548,740	25	16,611,128
	26	Total liabilities. Add lines 17 through 25			210,731,461	26	194,474,330
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			175,422,601	27	240,505,844
	28	Temporarily restricted net assets			13,141,918	28	15,849,846
	29	Permanently restricted net assets			4,428,055	29	4,787,944
	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			192,992,574	33	261,143,634
	34	Total liabilities and net assets/fund balances			403,724,035	34	455,617,964

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?	Yes	
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 . . .	Yes	

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 THE COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0175870
--	--

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)

(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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

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
THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0175870

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</div> <div><input 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</div> <div><input 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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?

☐ Yes

☐ No

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)?

☐ Yes

☐ No

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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	17,569,973	22,397,933		
b	Contributions	3,021,313	3,484,109		
c	Investment earnings or losses	3,252,269	-4,795,385		
d	Grants or scholarships	0	0		
e	Other expenditures for facilities and programs	3,205,765	3,516,684		
f	Administrative expenses	0	0		
g	End of year balance	20,637,790	17,569,973		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 % %

b

Permanent endowment ▶ 23 % %

c

Term endowment ▶ 77 % %

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

Yes

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	0	20,691,988		20,691,988
b Buildings	0	190,114,625	101,989,339	88,125,286
c Leasehold improvements	0	549,658	482,565	67,093
d Equipment	0	96,682,564	62,247,439	34,435,125
e Other	0	4,906,061	0	4,906,061
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				148,225,553

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	264,254,738
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	258,532,937
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,721,801
4	Net unrealized gains (losses) on investments	4	50,542,879
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	11,715,636
9	Total adjustments (net) Add lines 4 - 8	9	62,258,515
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	67,980,316

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	314,172,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	50,542,879
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	52,895
e	Add lines 2a through 2d	2e	50,595,774
3	Subtract line 2e from line 1	3	263,577,067
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	564,716
b	Other (Describe in Part XIV)	4b	112,955
c	Add lines 4a and 4b	4c	677,671
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	264,254,738

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	258,078,910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	258,078,910
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	564,716
b	Other (Describe in Part XIV)	4b	-110,689
c	Add lines 4a and 4b	4c	454,027
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	258,532,937

Part XIVSupplemental 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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Boulder Community Hospital Foundation, a related organization, holds permanent endowment funds. The income earned on these endowment funds is used to support hospital programs for diabetes, cancer, neonatology, healthcare scholarships, or for the foundation board to direct if the endowment fund does not restrict how the income is to be spent. Term restricted funds held by Foundation include funds for cancer, as well as other hospital programs. Any Unrestricted funds held at Foundation are for the hospital, but designation is decided by Foundation board when granting to hospital.
SchD_P10_S00_L00	Schedule D, Part X	There is no liability for uncertain tax positions under FIN 48, therefore the audited financial statement of the hospital do not contain a footnote disclosure.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Charge for minimum pension liability of 8,999,200. Change in Net assets held by Foundation of 2,887,185. Tax vs book adj for JV Income Recognition of -170,750. Rounding of 1.
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Tax vs book JV Income recognition, -170,750. Other expense shown in net revenue on Audit, but as Exp in Tax, 129,439. Auxiliary component of Contributions to Temp Rest Ney Assets on audit, shown as revenue on TR, 94205. rounding 1.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Auxiliary reflected in Rev on TR, but as Restricted Donation on Audit, 112,955.
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Expense reflected gross on TR but in net revenue in Audit, -129,439. Auxiliary activity reflected as a net Restricted Contribution on audit, but as expense on TR, 18,751.

OMB No 1545-0047

**Open to Public
Inspection**

84-0175870

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Schedule F (Form 990) 2009

[illegible]

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

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
THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0175870

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 checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most 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 type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 250 %</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%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>8 00 %</u></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?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 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)			6,395,578	1,079,006	5,316,572	2 2 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			9,582,234	3,991,745	5,590,489	2 3 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	0	0	15,977,812	5,070,751	10,907,061	4 5 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			607,792	237,974	369,818	0 1 %
f Health professions education (from Worksheet 5)			223,407	339	223,068	0 1 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			710,332	0	710,332	0 3 %
j Total Other Benefits	0	0	1,541,531	238,313	1,303,218	0 5 %
k Total. Add lines 7d and 7j	0	0	17,519,343	5,309,064	12,210,279	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						
3Community support			25,737	0	25,737	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			8,671	0	8,671	0 %
7Community health improvement advocacy			10,000	0	10,000	0 %
8Workforce development			211,177	0	211,177	0 1 %
9Other						
10Total	0	0	255,585	0	255,585	0 1 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	7,608,131	
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	1	
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	37,299,484	
6Enter Medicare allowable costs of care relating to payments on line 5	6	47,540,558	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-10,241,074	
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 %
1MRI Leasing LLC	MRI equipment leasing	50 %	0 %	50 %
2Boulder Community Musculoskeletal Surgery Center LLC	Outpatient surgery center	50 %	0 %	50 %
3Endoscopy Center of the Rockies LLC	Outpatient Endocopy centers	50 %	0 %	50 %
4CT Leasing LLC	CAT Scan Equipment Leasing	50 %	0 %	50 %
5Boulder Community Sleep Services LLC	Sleep Lab Services	50 %	0 %	50 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Boulder Community Hospital 1100 Balsam Avenue Boulder, CO 80304	X	X					X	X	Rehab DPU, Psych DPU, physician clinics, home health, lab and imaging centers, sleep lab, OP rehab
Boulder Community Foothills Hospital 4747 Arapahoe Avenue Boulder, CO 80303	X	X					X		Physician clinics, Occupational Health clinic, Integrative Care OP clinic, lab, imaging
Boulder Community Musculoskeletal Surgery LLC 1136 Alpine Avenue Boulder, CO 80304									Ambulatory Surgical Center
Endoscopy Center of the Rockies in Lafayette 1000 W South Boulder Road Suite 202 Lafayette, CO 80026									Ambulatory Surgical Center
Endoscopy Center of the Rockies in Boulder 1755 48th Street Suite 110 Boulder, CO 80303									Ambulatory Surgical Center
Endoscopy Center of the Rockies in Longmont 1551 Professional Lane Suite 295 Longmont, CO 80501									Ambulatory Surgical Center

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

16,624,197

Ratio of Patient Care Cost to Charges

On the balance sheet Accounts receivable from patient services, net of allowances for uncollectible accounts of approximately \$13,586,000 The net amount on balance sheet is \$39,393,399 Financial instruments consist of , patient accounts receivable, The carrying amounts reported in the balance sheets for , patient accounts receivable, approximate fair value To determine cost of bad debts reflected on Part III, Section A Line 2, the hospital applied the Ratio of Patient Care Cost of Charges to 85% of the Bad Debts and included 100% of 15% of the Bad Debts (patient responsibilities for copays, deductibles and coinsurance after insurance contractual allowances) The hospital does not have a mechanism to reasonably estimate the amount of bad debt cost that would reasonably relate to patients who would qualify for financial assistance under the hospital's charity care policy, but for whom sufficient information was not obtained to make a determination of their eligibility

All of Ln7 Medicare shortfall should be treated as community benefit. Boulder county has a demonstrated community need for physicians who accept Medicare (Many providers will not) The hospital not only serves the Medicare population for hospital services, it also employs numerous primary care providers who accept Medicare in order to provide adequate coverage. The Cost Report shortfall reported here excludes Medicare HMO enrollee shortfalls, excludes shortfalls from ancillary procedures which are paid by fee schedule, and excludes employed primary care physicians. The hospitals total Medicare shortfall, including these programs, is actually \$23,996,992.

The hospital employs financial counselors to assist patients in determining eligibility for Medicaid, Colorado Indigent Care Program (CICP), or the hospital's charity program (WeCare) Financial arrangements with Emergency Room patients are not discussed until the patient has been assessed and treated in accordance with EMTALA The hospital's debt collection policy contains a Communications section addressing courtesy, confidentiality, cultural sensitivity, primary language of patient It contains a section on Billing and Collection Practices which addresses when an account will be referred to a licensed collection agency and that those agencies will treat all patients with dignity, compassion and respect , as well as adhering to Colorado State Laws and the Fair Debt Collection Act Patients may apply/reapply for financial assistance before, during or after care or after collection agency assignment

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

The Hospital maintains collaborative efforts and on-going relationships within the community's human and social services network in order to serve and continually assess the health needs of the underserved populations within the Boulder Valley. The volunteer board of directors and members of the Hospital's management team assume leadership positions on numerous community non-profit boards and within community organizations. Each hospital department director is required to affiliate with a local non-profit agency and provide time, expertise and leadership for its success. During 2009, the Hospital engaged a survey consulting firm to analyze the hospital's primary and secondary market areas and prepare a demographic study indicating growth and projected change over the next five years. The study assists the Hospital in making clinic location decisions enabling better access to health care services, with particular attention to underserved populations. In addition, the hospital embarked on a comprehensive facilities study, carefully evaluating each of the existing hospital campuses and determining the most efficient and effective methods of delivering the safest, highest quality and efficient health care. Using an international consulting firm's expertise, the Hospital is embarking upon a new 10 year transitional strategy to meet the health care needs of the community in a safe and sustainable manner. Every three years, the Hospital conducts a health needs assessment, including focus groups, composed of human and social service agency providers and key stakeholders within the Boulder Valley. These sessions are conducted by a trained, objective facilitator and assist the hospital in planning future services and enhancing community access to health care. A report of the results of the focus groups is reviewed by the Board of Directors and guides future decision making in carrying out our community hospital's mission.

- 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

The hospital employs financial counselors to assist patients in determining eligibility for Medicaid, Colorado Indigent Care Program (CICP) or the hospital's charity program (WeCare) The hospital employs Spanish speaking financial counselors and would employ interpreter services for other languages

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

The hospital provides comprehensive health services to a diverse population of more than 300,000 people who reside in Boulder County and an adjacent portion of the City and County of Broomfield. The hospital has refined its delineation of its primary and secondary service areas based on its market share by zip code. The primary service area includes the Cities of Boulder, Lafayette (approximately 15 miles east of the Broadway Campus and 11 miles southeast of the Foothills Campus), and Louisville (approximately 11 miles southeast of the Broadway Campus) as well as the western portion of the City and County of Broomfield. The secondary service area encompasses the rest of Boulder County, including the City of Longmont, which is approximately 15 miles northeast of the Broadway Campus. Estimated age characteristics for the three-year period from 2006 through 2008 of the City of Boulder and Boulder County respectively, are: Under age 5 4.0%, 6.0%, age 5-14 7.4%, 11.5%, age 15-24 29.3%, 17.1%, age 25-44 30.0%, 29.1%, age 45-54 11.5%, 16.4%, age 55-64 9.8%, 11.4%, age 65-84 6.9%, 7.3%, Over age 85 1.1%, 1.1%, Median age 29.4%, 35.8%. Source: U.S. Census Bureau 2006-2008 American Community Survey estimates. The per capita personal income by year in Boulder County and the State, respectively is: Yr 2008 \$50,058, \$43,509, Yr 2000 \$41,070, \$33,977, Yr 1990 \$21,908, \$19,377. Source: Bureau of Economic Analysis, US Dept. of Commerce.

- 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 Building Activities reported in Part II of Schedule H include disaster readiness training in conjunction with numerous local agencies (fire, police, sheriff, other counties, other hospitals) to ensure coordinated and effective response to a disaster. Also reported are the hospitals participation in the development of the Colorado Regional Health Information Organization (CORHIO) and Boulder County Health Information Exchange (BICHE)--both are electronic health exchanges aimed at promoting effective and efficient health care delivery and also at providing information for community health needs assessments. Workforce development includes physician recruitment, Boulder is a Medically Underserved Area for low income and Medicare. Included in the Other Community Benefits section of Part I are Community Health Education, participation with local healthcare schools to provide training/mentorship for RN's, lab techs, pharmacists, and imaging techs, Continuing Medical Education opportunities open to all, healthcare scholarships for non-employees, monetary support for Clinica Campesina and other health related nonprofits, providing an athletic trainer for the Boulder Valley School District, providing meeting room space for local nonprofits, staff serving on community nonprofit boards, donations of medical supplies to Project Cure, participation in international health missions to Mante, Mexico and Tanzania, Africa, and participation of environmental coordinator with local environmental projects.

- 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.)

The hospital is governed by a volunteer community board. The hospital has an open medical staff. All surplus funds are reinvested in the hospital to fund charity, subsidize under performing health programs, develop new health programs, or as an investment in plant, equipment and technology.

- 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 communities served

- 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

Name of the organization
THE COMMUNITY HOSPITAL ASSOCIATION

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

Employer identification number
84-0175870

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
Clinica Campesina Family Health Services2000 W Wouth Boulder Rd Lafayette,CO 80026	840743432	501(c)3	100,000		FMV		support for low income community health clinic
Boulder Valley School District6500 E Arapahoe Boulder,CO 80303	846014683	501(c)3		64,805	FMV		Provide an athletic trainer to the school district to support high school athletics and help to reduce injuries to student athletes
Boulder County Fire Fighters Assoc Sunshine Fire Protection District311 County Road 83 Boulder,CO 80302	846000600	501 (c)3	24,000		FMV		support for local fire association
Boulder Valley Women's Health Center2855 Valmont Boulder,CO 803011374	840645786	501(c)3	20,000		FMV		Support community women's health clinic
Special Transit4880 E Pearl St Boulder,CO 80301	840777296		10,000		FMV		Support for transportation for the disabled

2

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

5

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

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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
THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0175870

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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		No
2	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?	Yes	
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	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		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	Yes	
8	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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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				
David Gehant	(i) (ii)	672,283 0	0 0	38,500 0	153,917 0	26,018 0	890,718 0	0 0
Gail Osterbur	(i) (ii)	166,649 0	36,323 0	38,500 0	55,497 0	14,452 0	311,421 0	36,323 0
Michael D Moran	(i) (ii)	198,326 0	36,220 0	6,111 0	43,537 0	2,040 0	286,234 0	36,220 0
William A Munson Jr	(i) (ii)	198,211 0	35,213 0	29,311 0	62,743 0	26,195 0	351,673 0	35,213 0
James Peters	(i) (ii)	154,583 0	34,667 0	28,000 0	25,116 0	23,698 0	266,064 0	34,667 0
Margaret Van Cleave	(i) (ii)	68,130 0	36,785 0	130,535 0	20,747 0	15,467 0	271,664 0	36,785 0
Linda S Minghella	(i) (ii)	129,333 0	26,601 0	15,470 0	44,789 0	1,125 0	217,318 0	26,601 0
Ronald Secrist	(i) (ii)	157,681 0	15,552 0	22,000 0	18,374 0	12,466 0	226,073 0	0 0
Andrew L Pruitt	(i) (ii)	206,299 0	0 0	22,000 0	11,194 0	14,959 0	254,452 0	0 0
Jianmei Huang	(i) (ii)	172,378 0	0 0	27,552 0	10,473 0	11,403 0	221,806 0	0 0
Valerie E Lipetz	(i) (ii)	222,046 0	0 0	6,847 0	3,423 0	7,967 0	240,283 0	0 0
James M Oberwetter	(i) (ii)	151,509 0	0 0	38,500 0	2,918 0	22,922 0	215,849 0	0 0
Mark D King	(i) (ii)	178,692 0	0 0	15,916 0	2,949 0	22,540 0	220,097 0	0 0
Joe D McDonald	(i) (ii)	0 0	0 0	139,973 0	0 0	0 0	139,973 0	139,973 0
Paul Kenneth Lewis Jr	(i) (ii)	154,050 0	0 0	4,794 0	24,197 0	19,796 0	202,837 0	0 0

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.

Ident if ier	Ret urn Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The hospital pays for board member companion travel at its annual educational conference. Companion travel is reported as Misc Income on the board members 1099.
SchJ_P01_S00_L01b	Schedule J, Part I, Line 1b	Travel for companions is only provided for the spouse/significant other of board members attending the annual educational conference. Companion travel is reimbursed based upon substantiated receipts and is reported as Miscellaneous Income to the Board Member.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Margaret Van Cleave, VP & COO Foothills, received \$92,035 in severance pay offered in conjunction with an early retirement incentive plan designed to reduce staffing. The hospital participates in a supplemental non-qualified retirement plan for the benefit of its executive leadership. Participants include David Gehant, President & CEO (\$141,417 contributed, \$0 paid out), William A. Munson Jr, VP & CFO, (\$27,383 contributed, \$0 paid out), Michael Moran, VP & Chief Quality Officer (\$33,146 contributed, \$0 paid out), Gail Osterbur, VP & Chief Nursing Officer (\$34,349 contributed, \$0 paid out), James Peters, VP (\$15,539 contributed, \$0 paid out), Linda Minghella, VP and Chief Information Officer (\$22,711 contributed, \$0 paid out), Sarah E. Meshak, VP & General Counsel (\$10,601 contributed, \$0 paid out), Margaret VanCleave, VP & COO -Foothills (\$11,966 contributed, \$0 paid out), Joe McDonald, former CFO (\$0 contributed, \$139,973 paid out).
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	The hospital has a Management Incentive Compensation Plan whereby a percentage of base salary is paid out if goals are met and if authorized by the Board of Directors. The President & CEO does not participate in this plan. Participants include departmental directors and Vice Presidents. Goals include quality, customer satisfaction, financial and community service.

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0175870

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Colorado Health Facilities Authority	84-0752932	196474143	02-06-2003	32,500,000	pay or reimburse Foothills campus capital exp		X	X	
B	Colorado Health Facilities Authority	84-0752932	196747415	02-06-2003	32,500,000	pay or reimburse Foothills campus capital exp		X	X	

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	32,692,063		32,692,063							
2	Gross proceeds in reserve funds	1,931,382		1,931,382							
3	Proceeds in refunding or defeasance escrows	0		0							
4	Other unspent proceeds	0		0							
5	Issuance costs from proceeds	1,504,003		1,504,003							
6	Working capital expenditures from proceeds	0		0							
7	Capital expenditures from proceeds	29,073,881		29,073,880							
8	Year of substantial completion	2003		2003							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?	X		X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part IIIPrivate Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X			X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IVArbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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

THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0175870

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Form 990 is prepared by the Controller based upon audited financial statements. The 990 is reviewed by the nonprofit tax manager of our external audit firm, by the CEO, CFO, VP & General Counsel, and the Audit Committee of the Board of Directors. Final copies are provided to each voting Board member electronically before filing with the IRS.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The hospital has a Conflict of Interest policy for staff, a Conflict of Interest policy for Board Members, and a Conflict of Interest disclosure form for physicians serving on committees. Board members complete an annual Statement of Interest disclosing employment, family member employment, business relationships, and service on other Boards or governance positions and identifying Conflicts of Interest. Policy requires abstention from voting when conflict of interest exists. Officers and management of the hospital also complete annual Conflict of Interest Statements. Staff are required to disclose possible conflicts to their director, and if it is determined a conflict does exist the hospital will disclose the conflict as appropriate and take steps as necessary to assure the conflict does not interfere with the independent exercise of their judgment in the best interests of the hospital or affect the business of treatment decisions of the hospital. The hospital has a Compliance Officer, and staff are encouraged to report concerns regarding Conflicts of Interest to the Compliance Officer. Compliance Officer will investigate and take appropriate action. The Compliance Officer reviews the Board members' Statements of Interest with the Board Chair annually.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The hospital Board has a Compensation Committee, as permitted by the hospital in its bylaws, comprised of the Chairman, Vice Chairman, Secretary, and a member of the Finance Committee. The committee meets approximately three times per year to review the CEO compensation, approve annual contract changes and report these changes to the Board. The Committee engages a consulting firm to provide comparative compensation studies for similarly qualified persons in functionally comparable positions at similarly situated organizations. Compensation study and performance review are considered in developing the compensation decision. Compensation and Benefit changes for Vice President level employees are reviewed and approved by the Compensation Committee if they are outside of hospital-wide treatment. Compensation studies are also used. All Compensation Committee meetings are formally documented through minutes.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The hospital's website is www.bch.org. The website includes the hospital's Mission, Vision and Beliefs Statement. It also includes the Annual Report which contains the hospital Board members, key financial data, and information on new programs, patient safety and quality, and community benefits. The website also has a section for Compliance policies including the Code of Conduct and Conflict of Interest. Annual audited financial statements are made available to the public at the Annual Meeting of The Community Hospital Association. The tax return is made available to anyone who requests the return through our Public Information Office.

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
THE COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0175870

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

Boulder Community Hospital Foundation

1155 Alpine Avenue
Suite G40
Boulder, CO 80304
84-0772664

Fundraising for the hospital

CO

509(c)3

509(a)3

N/A

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
MRI Leasing LLC												
1100 Balsam Avenue Boulder, CO80304 20-2199390	MRI equipment leasing	CO	N/A		Related	201,292		0	No	0	Yes	
Boulder Community Musculoskeletal Surgery Center LLC	Outpatient surgery center	CO	N/A		Related	1,851,640	812,638	No	0		Yes	
1136 Alpine Avenue Boulder, CO80304 20-1391702												
Endoscopy Center of the Rockies LLC												
382 S Arthur Ave Ste 140 Louisville, CO80027 84-1562782	Outpatient Endoscopy	CO	N/A		Related	3,012,195	1,304,000	No	0		Yes	
CT Leasing LLC												
1100 balsam Avenue Boulder, CO80304 20-0117138	CAT Scan Equipment leasing	CO	N/A		Related	114,553	0	No	0		Yes	
Boulder Community Sleep Services LLC												
1136 Alpine Avenue Boulder, CO80304 26-2429064	Sleep Lab Services	CO	N/A		Related	43,767	84,348	No	0		Yes	

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l Yes

1m Yes

1n Yes

1o No

1p Yes

1q No

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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Software ID: 09000073

Software Version: v1.00

EIN: 84-0175870

Name: THE COMMUNITY HOSPITAL ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Boulder Community Hospital Foundation	c	1,500,024
(2)	Boulder Community Hospital Foundation	m	26,624
(3)	Boulder Community Hospital Foundation	n	266,288
(4)	Boulder Community Hospital Foundation	p	16,732
(5)	MRI Leasing LLC	d	291,828
(6)	MRI Leasing LLC	j	560,400
(7)	Boulder Community Musculoskeletal Surgery Center LLC	a-iv	637,505
(8)	Boulder Community Musculoskeletal Surgery Center LLC	p	65,845
(9)	CT Leasing LLC	j	68,600
(10)	Boulder Community Sleep Services LLC	a-iv	51,997
(11)	Boulder Community Sleep Services LLC	l	612,200
(12)	Boulder Community Sleep Services LLC	p	275,663

Additional Data

Software ID:

Software Version:

EIN: 84-0175870

Name: THE COMMUNITY HOSPITAL ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
David Gehant Exec Director/CEO	40	X		X				710,783	0	174,435
Alexander Bracken Chairman	4	X		X				0	0	0
Rich Lopez Vice Chair	4	X		X				0	0	0
Karen McMurry Secretary	4	X		X				0	0	0
Tom Metz Treasurer	4	X		X				0	0	0
Lonnie Sibley DDS Board Member	2	X						0	0	0
Jim Williams Board Member	2	X						0	0	0
Richard Porreca Board Member	2	X						0	0	0
Lee Carlin Board Member	2	X						0	0	0
John Meyer Board Member	2	X						0	0	0
R David Hoover Board Member	2	X						0	0	0
Jean Dubofsky Board Member	2	X						0	0	0
Janet Martin Board Member	2	X						0	0	0
Lou DellaCava Board Member	2	X						0	0	0
Steve Fries MD Board Member	2	X						0	0	0
Gail Osterbur VP & Chief Nursing Officer	40			X				241,472	0	66,512
Michael D Moran VP & Chief Quality Officer	40			X				240,657	0	43,538
William A Munson Jr VP & CFO	40			X				262,735	0	87,378
James Peters V P	40			X				217,250	0	46,246
Margaret Van Cleave VP & COO Foothills	20			X				235,450	0	33,382
Linda S Minghella VP & Chief Information Officer	40			X				171,404	0	44,789
Sarah E Meshak VP & General Counsel	12			X				58,506	0	15,351
Paul Kenneth Lewis Jr VP & Chief Medical Officer	20			X				158,844	0	42,432
Ronald Secrist BCH Foundation President	40				X			195,233	0	29,510
Andrew L Pruitt Medical Director	40					X		228,299	0	24,592

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
Jianmei Huang Nurse	59					X		199,930	0	19,523
Valerie E Lipetz Physician	40					X		228,893	0	9,830
James M Oberwetter Physician	40					X		190,009	0	24,351
Mark D King Physician	40					X		194,608	0	24,079
Joe D McDonald VP & CFO, former	0						X	139,973	0	0