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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Longmont United Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1950 West Mountain View Avenue

Room/suite

City or town, state or country, and ZIP + 4
Longmont, CO 80501

D Employer identification number
84-0460697

E Telephone number
(303) 651-5023

G Gross receipts $ 185,998,606

F Name and address of principal officer
MITCHELL C CARSON
1950 WEST MOUNTAIN VIEW AVE
LONGMONT, CO 80501

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www luhcares org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DEDICATED TO IMPROVING THE HEALTH OF OUR PATIENTS AND COMMUNITIES WE SERVE

2 Check this box ▶☐ 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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,429
6	Total number of volunteers (estimate if necessary)	**6**	874
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,832
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	65,293	172,168
9	Program service revenue (Part VIII, line 2g)	161,935,960	172,488,710
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,869,198	1,574,134
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,288,039	2,481,850
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,158,490	176,716,862
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	275,172
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)	77,370,869	74,225,146
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	85,401,172	95,001,029
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	162,772,041	169,501,347
19	Revenue less expenses Subtract line 18 from line 12	3,386,449	7,215,515

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	237,517,511	235,688,378
21	Total liabilities (Part X, line 26)	131,325,739	121,853,307
22	Net assets or fund balances Subtract line 21 from line 20	106,191,772	113,835,071

Part II Signature Block

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.

Sign Here

****** 2011-10-04
Signature of officer Date

Mitchell C Carson President/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
CRAIG R CHOUN	CRAIG R CHOUN			
Firm's name ▶ EHRHARDT KEEFE STEINER & HOTTMAN PC				Firm's EIN ▶
Firm's address ▶ 7979 E TUFTS AVENUE SUITE 400 DENVER, CO 802372843				Phone no ▶ (303) 740-9400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

DEDICATED TO IMPROVING THE HEALTH OF OUR PATIENTS AND COMMUNITIES WE SERVE

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 $ 151,393,984 including grants of $ 275,172) (Revenue $ 172,488,710)

THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY CARE, AND SKILLED NURSING FOR A COMPLETE ANNUAL REPORT OF LONGMONT UNITED HOSPITAL SERVICES, MISSION AND COMMUNITY BENEFIT, PLEASE VISIT US AT HTTP //WWW LUHCARES ORG/ABOUT/ANNUALREPORT ASPX

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 151,393,984

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	178		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,429		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 ▶ _____ See instructions for 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?			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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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

☑ Own website ☐ Another's website ☑ 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 ▶

NEIL BERTRAND
1950 WEST MOUNTAIN VIEW AVE
LONGMONT, CO 80501
(303) 651-5023

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MARTIN PLASTER CHAIRPERSON	5 0	X		X				0	0	0
(2) CLAIR VOLK Asst Sec-Treasurer	5 0	X		X				0	0	0
(3) EDWINA SALAZAR DIRECTOR	5 0	X						0	0	0
(4) DAN GUST Vice-Chairperson	5 0	X		X				0	0	0
(5) JOHN SHETTER Director	5 0	X						0	0	0
(6) LEONA STOECKER SECRETARY	5 0	X		X				0	0	0
(7) RICHARD LYONS Treasurer	5 0	X		X				0	0	0
(8) MITCHELL C CARSON PRESIDENT & CEO	40 0	X		X				469,765	0	112,764
(9) E PATRICIA GILL MD DIRECTOR	5 0	X						22,725	0	0
(10) TOM CHAPMAN Director	5 0	X						0	0	0
(11) MARK HINMAN MD Director	5 0	X						18,750	0	0
(12) NEIL BERTRAND CFO	40 0			X				287,692	0	79,203
(13) SHARON ROMINGER CHIEF NURSING OFFICER	30 0				X			150,026	0	18,220
(14) CAROL SMITH VP LEGAL/REGULATORY AFFAIRS	40 0				X			203,734	0	55,688
(15) NANCY DRISCOLL VP PATIENT CARE SERVICES	40 0				X			171,390	0	45,307
(16) WARREN LAUGHLIN VP HUMAN RESOURCES	40 0				X			160,741	0	43,715

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) REBECCA HERMAN VP CLINICAL SUPPORT SERVICES	40 0				X			166,714	0	46,164
(18) FABIO PIVETTA MILESTONE PHYSICIAN	40 0				X			201,822	0	17,626
(19) MATTHEW BRETT MILESTONE PHYSICIAN	40 0				X			173,464	0	17,110
(20) KATHERINE WALKER Milestone Physician	40 0				X			150,136	0	7,496
(21) JOHN PETERSON VP INFORMATION SERVICES	40 0					X		147,626	0	40,805
(22) MAUREEN BEAVIN LEAD CLINICAL PHARMACIST	40 0					X		139,453	0	12,268
(23) HOLLY SPITZER CLINICAL PHARMACIST	37 7					X		145,396	0	7,250
(24) DANIEL FRANK CONTROLLER	40 0					X		143,014	0	32,283
(25) JOHN IVES Director Pharmacy	40 0					X		144,333	0	11,183
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,896,781	0	547,082

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 ▶ 50

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
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? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
Mayo Medical Laboratories PO Box 9146 MINNEAPOLIS, MN 554809146	Medical	778,333
The Children's Hospital 13123 East 16th Avenue AURORA, CO 80045	Medical	699,840
Longmont Hospitalist's Group 6895 E Hampden Avenue DENVER, CO 80224	Medical	608,546
Boulder Valley Thoracic Cardiovas 6800 N 79th Street NIWOT, CO 80503	Medical	514,776
Rocky Mountain Cancer Centers PO Box 911263 DALLAS, TX 753911263	Medical	513,337

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 ▶ 28

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c	98,965			
	d Related organizations . . .	1d	73,203			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		172,168			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621990	172,488,710	172,488,710		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		172,488,710			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,464,244			1,464,244
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	1,585,850				
	b Less rental expenses	1,085,115				
	c Rental income or (loss)	500,735				
	d Net rental income or (loss) . . . . . ▶		500,735	500,735		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	8,263,511				
	b Less cost or other basis and sales expenses	8,153,621				
	c Gain or (loss)	109,890				
	d Net gain or (loss) . . . . . ▶		109,890			109,890
Other Revenue	8a Gross income from fundraising events (not including $ 98,965 of contributions reported on line 1c) See Part IV, line 18 . . . a	24,280				
	b Less direct expenses . . . b	43,008				
	c Net income or (loss) from fundraising events . . ▶		-18,728			-18,728
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	471,952			471,952
	b HEALTH CENTER INTEGRATED THERAPY	621990	356,660			356,660
	c VENDOR REBATE	900099	187,626			187,626
	d All other revenue		983,605		14,832	968,773
	e **Total.** Add lines 11a–11d . . . . . ▶		1,999,843			
	12 **Total revenue.** See Instructions . . . ▶		176,716,862	172,989,445	14,832	3,540,417

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	275,172	275,172		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,620,253	1,206,951	1,413,302	0
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			0
7 Other salaries and wages	58,578,938	52,799,650	5,779,288	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,791	14,026	1,765	0
9 Other employee benefits	8,720,172	7,693,335	1,026,837	0
10 Payroll taxes	4,289,992	3,810,467	479,525	0
a Fees for services (non-employees) Management	0			0
b Legal	78,281		78,281	0
c Accounting	113,802		113,802	0
d Lobbying	0			0
e Professional fundraising services *See Part IV, line 17*	0			0
f Investment management fees	0			0
g Other	402,726	373,707	29,019	0
12 Advertising and promotion	659,848	1,048	658,800	0
13 Office expenses	661,543	334,702	326,841	0
14 Information technology	2,265,474	1,487,622	777,852	0
15 Royalties	0			0
16 Occupancy	1,730,966		1,730,966	0
17 Travel	188,848	167,739	21,109	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			0
19 Conferences, conventions, and meetings	0			0
20 Interest	5,017,645	4,079,588	938,057	0
21 Payments to affiliates	0			0
22 Depreciation, depletion, and amortization	11,814,609	10,346,138	1,468,471	0
23 Insurance	1,506,346		1,506,346	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES	35,638,007	34,901,101	736,906	0
b BAD DEBT	16,244,594	16,244,594		0
c EQUIPMENT RENTAL & MAINT	5,560,152	5,104,691	455,461	0
d PHYSICIAN FEES	5,875,114	5,875,114		0
e PURCHASED SERVICES	5,629,211	5,067,234	561,977	0
f All other expenses	1,613,863	1,611,105	2,758	0
25 **Total functional expenses.** Add lines 1 through 24f	169,501,347	151,393,984	18,107,363	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		11,962,530	1	16,031,707
	2	Savings and temporary cash investments		16,609,597	2	11,072,834
	3	Pledges and grants receivable, net		384,666	3	336,340
	4	Accounts receivable, net		23,363,357	4	22,594,330
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		297,547	7	279,163
	8	Inventories for sale or use		4,363,954	8	5,982,881
	9	Prepaid expenses and deferred charges		5,898,784	9	2,492,425
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 215,905,790			
	b	Less accumulated depreciation	10b 104,420,038	126,589,536	10c	111,485,752
	11	Investments—publicly traded securities		41,039,148	11	56,333,455
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,008,392	15	9,079,491
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		237,517,511	16	235,688,378
Liabilities	17	Accounts payable and accrued expenses		20,306,925	17	20,298,091
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		103,386,128	20	93,751,483
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,667,686	23	4,611,733
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,965,000	25	3,192,000
	26	**Total liabilities.** Add lines 17 through 25		131,325,739	26	121,853,307
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		103,409,613	27	110,667,952
	28	Temporarily restricted net assets		2,782,159	28	3,167,119
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		106,191,772	33	113,835,071
	34	Total liabilities and net assets/fund balances		237,517,511	34	235,688,378

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	176,716,862
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,501,347
3	Revenue less expenses Subtract line 2 from line 1	3	7,215,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	106,191,772
5	Other changes in net assets or fund balances (explain in Schedule O)	5	427,784
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	113,835,071

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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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

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

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 described in **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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 ▶☐

b **33 1/3% support tests—2009.** 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 ▶☐

20 **Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Longmont United Hospital	84-0460697

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		10,402
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			10,402
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Grants to other organizations for lobbying purposes	PART II-B, LINE 1f	Portion of dues paid to the American Hospital Association for lobbying expenses $6,313 Portion of dues paid to the Colorado Hospital Association for lobbying expenses $4,089

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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

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		6,091,317		6,091,317
b Buildings		141,971,062	55,748,594	86,222,468
c Leasehold improvements				
d Equipment		67,345,737	48,671,444	18,674,293
e Other		497,674		497,674
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				111,485,752

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
MEDICARE SETTLEMENT	3,192,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,192,000

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	176,716,862
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,501,347
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,215,515
4	Net unrealized gains (losses) on investments	4	64,324
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	372,009
9	Total adjustments (net) Add lines 4 - 8	9	436,333
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,651,848

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	178,695,353
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	64,324		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,914,167		
e	Add lines **2a** through **2d**			2e	1,978,491
3	Subtract line **2e** from line **1**			3	176,716,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	176,716,862

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	171,043,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,542,158		
e	Add lines **2a** through **2d**			2e	1,542,158
3	Subtract line **2e** from line **1**			3	169,501,347
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	169,501,347

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 Footnote	Part X, Line 2	The Hospital applies a more-likely-than-not measurement methodology to reflect the financial statement impact of uncertain tax positions taken or expected to be taken in a tax return After evaluating the tax positions taken, none are considered to be uncertain, therefore, no amounts have been recognized as of December 31, 2010 and 2009 If incurred, interest and penalties associated with tax positions are recorded in the period assessed in supplies and other expenses No interest or penalties have been assessed as of December 31, 2010 and 2009 Tax years that remain subject to examination include 2007 through the current period for the federal return and 2006 through the current period for the Colorado return
Other Adjustments	Part XI, Line 8	United Medical Building Condominium Association change in net assets $8,549 Change in interest in net assets held by Longmont United Hospital Foundation $363,460 Total other adjustments $372,009
Other reconciling items	Part XII, Line 2d	United Medical Building Condominium Association revenue $422,469 Rental expenses $1,085,115 Fundraising events expenses $43,008 Change in interest in net assets held by Longmont United Hospital Foundation $363,460 Total other reconciling items $1,914,167
Other reconciling items	Part XIII, Line 2d	United Medical Building Condominium Association expenses $414,035 Rental expenses $1,085,115 Fundraising events expenses $43,008 Total other reconciling items $1,542,158

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Dinner dance (event type)	(b) Event #2 Golf tournament (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	91,735	31,510		123,245
	2 Less Charitable contributions	81,375	17,590		98,965
	3 Gross income (line 1 minus line 2)	10,360	13,920		24,280
Direct Expenses	4 Cash prizes		1,160		1,160
	5 Non-cash prizes				
	6 Rent/facility costs	16,584	7,630		24,214
	7 Food and beverages		2,668		2,668
	8 Entertainment	3,000			3,000
	9 Other direct expenses	11,236	730		11,966
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				43,008
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-18,728

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other **250. %**			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			13,012,135	8,727,588	4,284,546	2 800 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			21,375,221	15,824,097	5,551,124	3 620 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			34,387,356	24,551,685	9,835,670	6 420 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			421,239		421,239	0 270 %
f Health professions education (from Worksheet 5)			3,872,803		3,872,803	2 530 %
g Subsidized health services (from Worksheet 6)			5,729,000		5,729,000	3 740 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			275,172		275,172	0 180 %
j **Total** Other Benefits			10,298,214		10,298,214	6 720 %
k **Total.** Add lines 7d and 7j			44,685,570	24,551,685	20,133,884	13 140 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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
1	Physical improvements and housing						
2	Economic development			27,570		27,570	0 020 %
3	Community support			913		913	
4	Environmental improvements			2,122		2,122	
5	Leadership development and training for community members						
6	Coalition building			13,736		13,736	0 010 %
7	Community health improvement advocacy			859		859	
8	Workforce development						
9	Other						
10	**Total**			45,200		45,200	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,529,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	2,000,000		
4	Provide 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	45,489,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	66,066,000
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-20,577,000
8	Describe 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		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	If "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 IV Management 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 %
1	UMB Condo Assoc	Maintenance of common areas	92 000 %		8 000 %
2	LMC-MOB LLC	Construction of office bldg	17 180 %		82 820 %
3	LMC Comm LLC	Operation of comm equipment	50 000 %		50 000 %
4	Tri-town med campus	Construction of care clinic	50 000 %		50 000 %
5	Twin Peaks med imag	Provision of diag imaging	50 000 %		50 000 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	LONGMONT UNITED HOSPITAL 1950 MOUNTAIN VIEW AVE LONGMONT, CO 80501	X	X					X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessments.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Part I, Line 7, Column F		The bad debt expense per form 990 removed from the denominator = $16,244,594
Part I, Line 7		Charity care at cost is calculated by taking gross charity care charges, offsetting them by revenues received from uncompensated care pools, and then multiplying that result by our facility cost/charge ratio The unreimbursed cost of Medicaid comes from an internal cost accounting system that addresses all patient segments
Part III, Line 4		Bad Debt Footnote From The Audited Financial Statements Uncollectible amounts from patients who do not meet the criteria under the Hospital's charity care policy are included as operating expenses in the provision for uncollectible patient accounts Costing Methodology Used in Determining Part III, Line 2 Bad debt expense at cost is calculated by taking total bad debt expense and multiplying it by the facility cost to charge ratio That cost to charge ratio is calculated by taking total expenses (less bad debt) and dividing by total gross charges No bad debt is included in our community benefit numbers Costing Methodology Used in Determining Part III, Line 3 Hospital collection staff were asked for their opinion of how much bad debt would qualify for charity had the patients completed the eligibility verification process This is a best estimate - Longmont is not able to formally calculate this amount
Part III, Line 8		Shortfall Reported in Part III, Line 7 Longmont does not include Medicare reimbursement shortfalls as part of community benefit Costing Methodology Used to Determine Part III, Line 6 Longmont uses a cost accounting system to calculate unreimbursed costs of Medicaid
Part III, Line 9b		If a patient is known to qualify for charity care, their patient liability is either written off or written down to the Colorado Indigent Care Program(CICP) copayment schedule amount This practice applies only to patients that have been verified as eligible for the hospital's charity care
Needs Assessment	Part VI, Line 2	Longmont United Hospital assesses healthcare needs of the communities it serves with the following * Geographic Area Community Benefit is provided to communities in our primary and secondary service areas These service areas represent roughly a 20-mile radius around the hospital and encompass mountain towns, suburban cities, and rural plains communities * Frequency of Assessment Longmont United Hospital's mission Dedicated to improving the health of our patients and communities Longmont serves This encompasses all aspects of improving community and individual healthcare It requires the Board of Directors and Leadership to be active in the community to understand and assess the critical needs of the community Leadership also presents annually to the Board of Directors the organizations supported financially and through involvement of employees Future support priorities are discussed and determined at that time Leadership also assesses, as needed, financial support requests by community organizations Priority criteria for approval are services supporting elderly or low-income families, as well as, education and wellness * Assessment Updates Assessment updates are performed and presented annually to the Board of Directors for review * Community Leader Input The Board of Directors includes key community leaders who possess special knowledge of the communities and populations Longmont serves Hospital Leadership and staff members also serve on several key boards such as Hospice Care, United Way, Chambers of Commerce, Community Food Share, Economic Councils, Salud Family Health Clinic, Special Transit, and the Education Foundation * Communication of Community Benefit Information on organizations served and financial support is reported in the hospital annual report which is available on-line to the community
Patient Education of Eligibility for Assistance	Part VI, Line 3	* Communication of Community Benefit Longmont has full-time financial counselors that are available to provide guidance to any patient The contact information of such counselors, including phone numbers, is communicated verbally to patients and their families when they access hospital services The counselors discuss government benefits and resources that might be available with patients who have questions or who have asked for more information, as well as assist with determining patient eligibility of various programs Longmont is working towards providing written information and brochures in the future Upon discharge, Longmont personnel provide verbal communication of contact information and phone numbers of financial counselors Invoices to patients include a phone number if they have questions or would like assistance regarding financial resources
Community Information	Part VI, Line 4	The communities that Longmont United Hospital serves are described as follows * Geographic Area Community Benefit is provided to communities in our primary service areas (PSA) and secondary service areas (SSA) These service areas represent roughly a 20-mile radius around the hospital and encompass mountain towns, suburban cities, and rural plains communities Longmont United Hospital, a community non-for-profit hospital, is the only hospital in the primary service area Zipcodes 80501 Longmont PSA 80503 Longmont PSA 80504 Longmont PSA 80513 Berthoud PSA 80530 Frederick PSA 80540 Lyons PSA 80520 Firestone (80504) PSA 80502 Longmont (80501) PSA 80533 Hygiene (80503) PSA 80544 Niwot (80503) PSA 80514 Dacono PSA 80542 Mead PSA 80516 Erie PSA 80534 Johnstown SSA 80026 Lafayette SSA 80651 Platteville SSA 80621 Fort Lupton SSA 80538 Loveland SSA 80301 Boulder SSA 80623 Platteville (80651) SSA 80541 Loveland (80537) SSA 80537 Loveland SSA * Demographic Profile Information City of Longmont/ Boulder County = 2010 US Census Boulder County http //quickfacts census gov/qfd/states/08/08013 html Longmont http //www ci longmont co us/planning/census/ Statistics from Boulder Community Foundation Boulder County Trends Report 2009 * Health Coverage * Race 53% of Latinos and 92% Non-Hispanic whites have healthcare coverage in Boulder County * Age 24% (25-34), 13% (35-44), 8% (45-65) 0 4% (>65) are lacking health coverage * Medicaid and Medicare account for 13% and 12% of all Colorado health coverage, respectively, but qualifying for these programs is extremely difficult as a non-pregnant or non-disabled adult 15-20% of adults in Boulder County are uninsured and a disproportionate number of those uninsured are Latino * 91% of the children in Boulder County have health coverage 59% of Boulder County children have an identified primary care provider * Adults Five chronic diseases - heart disease, diabetes, hypertension, asthma and depression - account for $16 5 billion in health spending in Colorado * Children * 20% of Boulder County Children reported food insecurity * 20% of Boulder County Children ages 1-14 are overweight or obese * 26% of parents reported behavioral or mental health problems ages 1-14 * 30% high school students were offered illegal drugs on school property * Overall teen fertility rate is low however of those teen mothers, 70% are Latino, and substantially fewer Latina women receive late or no prenatal care * 500 children were present at formally reported domestic violence incidents in 2007 * St Vrain Valley School District has a 2 7% drop out rate * Economy * 11% of Boulder County residents live below Federal Poverty Level 5% of the families in Boulder County live below the Federal Poverty Level * 18% of the households in Boulder County live on an annual income of less than $25,000 8% of the family households in Boulder County live on an annual income of less than $25,000 * Health Related Information Five chronic diseases in Colorado are heart disease, diabetes, hypertension, asthma and depression * 33% of total deaths are caused by cardiovascular disease in Boulder County * Cancer is responsible for another 22% of deaths in Boulder County (Boulder Foundation) In Colorado, 17 6% of the adult population (aged 18+ years)-over 658,000 individuals-are current cigarette smokers Across all states, the prevalence of cigarette smoking among adults ranges from 9 3% to 26 5% Colorado is ranked 21st among the states Among youth aged 12-17 years, 10 3% smoke in Colorado The range across all states is 6 5% to 15 9% Colorado is ranked 22nd among the states (Center of Disease Control and Prevention) * Provisions for Uninsured Longmont United Hospital provides a safety net for uninsured persons through the following * Longmont United Hospital provides more Charity Care than any other hospital in Boulder County * Subsidizing and supporting the Salud Family Health Centers, a low-income primary healthcare service * Supporting Women's Health Center who provides quality healthcare and services regardless of a client's insured status, economic circumstances or immigration status
Promotion of Community Health	Part VI, Line 5	Longmont United Hospital improves the health of the community through support or partnerships in activities or organizations focused on better health for everyone in the community Listed below are the key initiatives with explanations in which the hospital is involved * Health Professionals Education Demands for nurses, physical therapists, imaging technologists, etc, in the Front Range of Colorado continue to be high Colleges and universities work with the Hospital to facilitate programs to assist individuals in completing the health care certifications Longmont United Hospital offers one-on-one training that is needed to begin work in the healthcare field * Senior Health Education and Services Since 1991, Longmont United Hospital has offered a senior wellness program to empower the senior community to assume responsibility for their health and wellness by providing the requisite knowledge, resources and tools to accomplish that goal At the end of 2010, there were 833 members participating education programs, health clinics and low-cost laboratory services * Low-Income Primary Health Care Services Primary health care services are offered to improve access and reduce barriers to care including ability to pay, transportation, and language All services are designed to reduce health disparities and delivered to all community members, without regard to age, sex or disease process Population served includes all community members with the low-income and the medically underserved population with the migrant and seasonal farm worker population as the priority clientele Patients are not turned away based on a patient's finances, insurance coverage, or ability to pay * Lactation Consulting Qualified lactation specialists educate on the benefits of breastfeeding, how the process works, proper positioning, prevention of common difficulties, and managing breastfeeding when working outside the home Cultures exist in our communities that do not understand these benefits or have to go against practiced beliefs in their community Studies repeatedly prove the infant will receive health benefits by breastfeeding * Community Support Services Mobility options are provided to all people, regardless of age, health, disability, income or ethnicity or sexual orientation to enhance their independence and quality of life In 2010, expanded mobility options were provided This includes 912,078 trips on the HOP (public transportation), 90,238 trips on access-a-Ride and 127,824 trips on call-n-Ride One-way demand-response trips increased seven percent to 124,500 with 25% of these trips for medical and therapy purposes * Promotion of Lifestyle Changes and Prevention Organizations through out Colorado are joining together to promote active living and healthy eating Their primary focuses are on establishing obesity prevention iniatives, as well as, having healthy foods and physical activity accessible in places where Coloradans live, work, learn and play Efforts are directed to working strategically with stakeholders to achieve overall healthy living in all Colorado communities * Community Building Activities Maintain healthy communities through supporting the creation and retention of jobs and industries in surrounding communities Build a business environment that encourages new industry to these communities
Affiliated Health Care System	Part VI, Line 6	Not applicable
Other information		Longmont United Hospital furthers the purpose of community benefit with the following * Governing Body The Board of Directors establishes and maintains Longmont United Hospital for the care of all persons suffering from any illness or disability requiring hospital care All directors are a representative of the Longmont United Hospital service area The Board is representative of the communities it serves * Medical Staff Privileges are extended to all qualified physicians in Longmont United Hospital's service areas for all Hospital departments * Surplus Funds The Board of Directors adheres to investing surplus funds to improve patient care, offer medical education, and support research * Advocacy, Involvement, Financial Support to the Community Longmont United Hospital * Provides more Charity Care than any other hospital in Boulder County * Works with colleges and universities to facilitate programs that assist individuals in completing the healthcare certifications Longmont United Hospital offers training that is needed to begin work in the healthcare field Demands for nurses, physical therapists, imaging technologists, etc in the Front Range of Colorado continue to be high The Hospital also provides financial support to the Colorado Cancer Research Program and the Justin Parker Neurological Institute * Offers financials assistance and sliding scale discounts according the Charity Policy * Partners with organizations focused on human services, patient information sharing, cultural education, environment, health education to improve community health * Provides financial and/or leadership support to hospice care, senior transportation, higher and K-12 education, senior programs, low income health clinics, economic councils, chambers of commerce, and food share programs * Provides emergency care to all persons regardless of ability to pay * Participates in Medicaid, Medicare, CHAMPUS, Tricare, and the Colorado Indigent Care Program
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	CO,

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) Colorado Cancer Research Program2253 South Oneida St Third Floor Suite B Denver, CO 80224		501(c)(3)	37,531				program support
(2) Front Range Community College3645 West 112th Ave Westminster, CO 80031		501(c)(3)	37,500				program support
(3) OUR Center303 Atwood St Longmont, CO 80501		501(c)(3)	6,570				program support
(4) Salud Family Health Centers203 South Rollie Ave Fort Lupton, CO 80621		501(c)(3)	138,355				program support
(5) A Woman's Work2204 18th Ave Longmont, CO 80503		501(c)(3)	5,399				program support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Part I, Line 2	All donations are based on community need In order to assess the community needs, members of the leadership council have formed long-term professional relationships with the recipient organizations No donations are made without this long-term relationship being in place

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) MITCHELL C CARSON	(i)	447,064	0	22,701	0	112,764	582,529	0
	(ii)	0	0	0	0	0	0	0
(2) NEIL BERTRAND	(i)	280,667	0	7,025	0	79,203	366,895	0
	(ii)	0	0	0	0	0	0	0
(3) SHARON ROMINGER	(i)	149,144	0	882	16,500	1,720	168,246	0
	(ii)	0	0	0	0	0	0	0
(4) CAROL SMITH	(i)	200,386	0	3,348	0	55,688	259,422	0
	(ii)	0	0	0	0	0	0	0
(5) NANCY DRISCOLL	(i)	168,848	0	2,542	0	45,307	216,697	0
	(ii)	0	0	0	0	0	0	0
(6) WARREN LAUGHLIN	(i)	158,676	0	2,065	0	43,715	204,456	0
	(ii)	0	0	0	0	0	0	0
(7) REBECCA HERMAN	(i)	164,614	0	2,100	0	46,164	212,878	0
	(ii)	0	0	0	0	0	0	0
(8) JOHN PETERSON	(i)	145,593	0	2,033	0	40,805	188,431	0
	(ii)	0	0	0	0	0	0	0
(9) FABIO PIVETTA	(i)	200,081	0	1,741	0	17,626	219,448	0
	(ii)	0	0	0	0	0	0	0
(10) MATTHEW BRETT	(i)	171,881	0	1,583	0	17,110	190,574	0
	(ii)	0	0	0	0	0	0	0
(11) MAUREEN BEAVIN	(i)	138,228	0	1,225	0	12,268	151,721	0
	(ii)	0	0	0	0	0	0	0
(12) HOLLY SPITZER	(i)	144,250	0	1,146	0	7,250	152,646	0
	(ii)	0	0	0	0	0	0	0
(13) DANIEL FRANK	(i)	141,697	0	1,317	15,000	17,283	175,297	0
	(ii)	0	0	0	0	0	0	0
(14) KATHERINE WALKER	(i)	148,790	0	1,346	0	7,496	157,632	0
	(ii)	0	0	0	0	0	0	0
(15) JOHN IVES	(i)	142,986	0	1,347	0	11,183	155,516	0
	(ii)	0	0	0	0	0	0	0
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Colorado Health Facilities Authority	84-0752932	196474M49	12-01-2003	14,915,000	REFUND SERIES 1993 BONDS		X		X		X
B	Colorado Health Facilities Authority	84-0752932	000000000	06-12-2006	40,000,000	HOSPITAL CONSTRUCTION & EQUIPment		X		X		X
C	Colorado Health Facilities Authority	84-0752932	1964744D9	06-12-2006	48,965,000	REFUND SERIES 1997 & 2000 BOnds		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	16,132,365	40,000,000	53,470,608	
4	Gross proceeds in reserve funds	1,269,311		3,814,000	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	14,149,510		47,852,141	
7	Issuance costs from proceeds	713,544	174,400	1,804,467	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	39,825,600	39,825,600		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2008		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		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 that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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 %		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 %		0 %			
6	Total of lines 4 and 5	0 %		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 IV Arbitrage

		A		B		C		D	
		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		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		
4a	Were gross proceeds invested in a GIC?		X		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		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
Private Business Use	Part III	THE 2003 HOSPITAL REVENUE BONDS (REFUNDING THE SERIES 1993 BONDS) AND THE 2006B HOSPITAL REVENUE BONDS (REFUNDING THE SERIES 1997 & 2000 BONDS) QUALIFY FOR THE SPECIAL RULES FOR REFUNDING OF PRE-2003 ISSUES SUCH REFUNDING BONDS ARE SUBJECT TO THE GENERALLY APPLICABLE REPORTING REQUIREMENTS OF PARTS I, II & IV OF SCH K HOWEVER, THE ORGANIZATION NEED NOT COMPLETE PART III TO REPORT PRIVATE BUSINESS USE INFORMATION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

Identifier	Return Reference	Explanation
Review of Form 990	Part VI, Section B, Question 11b	THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM ACCOUNTING DEPARTMENT STAFF AND THE CONTROLLER WORK CLOSELY WITH THE PAID PREPARER IN THE PREPARATION OF THE RETURN AND THE CONTROLLER AND CFO REVIEW THE RETURN AS PREPARED BY THE PREPARER COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD IT IS REVIEWED BY THE AUDIT COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED THE ORGANIZATION WILL THEN DISCUSS ANY CHANGES OR ISSUES THAT THE AUDIT COMMITTEE/BOARD MAY HAVE ONCE QUESTIONS/ISSUES HAVE BEEN ADDRESSED AND THE FORM APPROVED, IT WILL THEN BE FILED

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, Question 12c	AN ANNUAL CONFLICT OF INTEREST STATEMENT IS DISTRIBUTED AND SIGNED BY ALL MEMBERS OF EXECUTIVE MANAGEMENT AND DEPARTMENT DIRECTORS, AS WELL AS EVERY MEMBER OF THE BOARD OF DIRECTORS WHEN A CONFLICT IS IDENTIFIED, THAT PERSON MUST RECUSE THEMSELVES FROM ANY DISCUSSION CONCERNING THE CONFLICTING PERSON OR ORGANIZATION

Identifier	Return Reference	Explanation
Process for Determining Compensation	Part VI, Section B, Question 15a & 15b	IN 2008, INTEGRATED HEALTHCARE STRATEGIES (IHSTRATEGIES), AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMED A THOROUGH COMPENSATION STUDY IHSTRATEGIES ANALYZED LONGMONT UNITED HOSPITAL'S (LUH) EXECUTIVE CASH COMPENSATION AND BENEFITS PROGRAM TO ASSESS COMPETITIVENESS, COST-EFFECTIVENESS, TAX-EFFECTIVENESS, AND REASONABLENESS IHSTRATEGIES BASED ITS COMPARISONS ON COMPETITIVE PRACTICES IN LUH'S PEER GROUP, USING THEIR PROPRIETARY DATABASE AND PUBLISHED SURVEYS IN 2011, LUH IS PLANNING TO ENGAGE IN ANOTHER THOROUGH COMPENSATION STUDY IN THE INTERMITTENT YEARS, THE CONSULTANT PROVIDES LIMITED RECOMMENDATIONS ON COMPENSATION RANGES THAT LUH FOLLOWS IHSTRATEGIES - COLLECTED AND REVIEWED BACKGROUND INFORMATION FROM LUH, INCLUDING ORGANIZATIONAL DEMOGRAPHICS, JOB DESCRIPTIONS, ORGANIZATION CHARTS, AND CURRENT COMPENSATION DATA - CONDUCTED TELEPHONE CALLS WITH LUH'S CEO AND VICE PRESIDENT, HUMAN RESOURCES TO DISCUSS JOB CONTENT AND SCOPE OF RESPONSIBILITY FOR THE POSITIONS INCLUDED IN THIS REVIEW - MATCHED LUH'S EXECUTIVE POSITIONS WITH SIMILAR BENCHMARK JOBS BASED ON JOB CONTENT, SCOPE OF RESPONSIBILITY, AND REPORTING RELATIONSHIPS - COMPARED EXECUTIVE SALARIES AT LUH TO PEER GROUP SALARY LEVELS - COMPARED EXECUTIVE BENEFIT EXPENDITURES AT LUH TO COMPETITIVE INDUSTRY PRACTICES - COMPARED EXECUTIVE TOTAL COMPENSATION (SALARIES PLUS BENEFITS) AT LUH TO PEER GROUP LEVELS - IHSTRATEGIES PRESENTED THIS INFORMATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN A WRITTEN REPORT - THE COMPENSATION COMMITTEE REVIEWED AND DISCUSSED THE FINDINGS OF THE COMPENSATION STUDY AND APPROVED THE EXECUTIVE COMPENSATION OF THE KEY EXECUTIVES THIS DISCUSSION AND DELIBERATION PROCESS WAS DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES

Identifier	Return Reference	Explanation
Documents Available to the Public	Part VI, Section C, Question 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Temporarily Restricted Net Assets	Part X, Line 28	LONGMONT UNITED HOSPITAL FOUNDATION (THE FOUNDATION) WAS FORMED TO PLAN, ORGANIZE, INSTITUTE, AND ADMINISTER PROJECTS THAT PROVIDE PUBLIC SUPPORT FOR THE HOSPITAL IN THE ABSENCE OF DONOR RESTRICTIONS, THE FOUNDATION'S BOARD OF DIRECTORS HAS DISCRETIONARY CONTROL OVER THE AMOUNTS TO BE DISTRIBUTED TO THE HOSPITAL, THE TIMING OF SUCH DISTRIBUTIONS, AND THE PURPOSES FOR WHICH SUCH FUNDS ARE TO BE USED TWO MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS SERVE ON THE 14 MEMBER BOARD OF DIRECTORS OF THE FOUNDATION UNDER U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE HOSPITAL IS DEEMED TO BE A FINANCIALLY INTERRELATED BENEFICIARY OF THE FOUNDATION THEREFORE, THE NET ASSETS OF THE FOUNDATION HAVE BEEN SHOWN ON THE HOSPITAL'S CONSOLIDATED BALANCE SHEETS AS TOTAL NET ASSETS HELD BY LONGMONT UNITED HOSPITAL FOUNDATION THE NET ASSETS OWNED BY THE FOUNDATION ARE REFLECTED IN TEMPORARILY RESTRICTED NET ASSETS

Identifier	Return Reference	Explanation
Reconciliation of net assets	Part XI, Line 5	Unrealized gain on investments $64,324 Change in interest in net assets held by Longmont United Hospital Foundation $363,460 Total other changes in net assets $427,784

Identifier	Return Reference	Explanation
Delegation of Authority	Part VI, Section A, Question 1A	The Executive Committee shall consist of the Chairperson of the Board, as Chairperson, the Vice-Chairperson, the Treasurer, the Secretary, the Assistant Secretary-Treasurer, and the President and CEO The Executive Committee shall have the power to transact all regular business and other confidential matters of the Hospital during the interim between the meetings of the Board of Directors, provided that any action taken shall not conflict with policies and expressed wishes of the Board of Directors, that there are at least three (3) affirmative votes to initiate any action, and all matters of major importance should be referred to the Board of Directors The Executive Committee shall review proposals and advise, as necessary, regarding planning and development of the Hospital physical plant, programs, and services It shall also be the responsibility of the Executive Committee to nominate candidates for officers and members of the Board when vacancies are to be filled Such nominations for candidates shall be submitted in writing to the Secretary of the Board at least thirty (30) days prior to the date of the meeting at which candidates shall be elected Specifically, this Committee shall be responsible for the annual performance evaluation of the President and CEO This Committee, minus the President and CEO, will also serve as the Executive Compensation Committee This Committee shall meet at least Quarterly

Identifier	Return Reference	Explanation
Board of Directors independence	Part VI, Section A, Question 1B	Dr Patricia Gill and Dr Mark Hinman are compensated for medical services provided to Longmont United Hospital rather than Board membership

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Longmont United Hospital

Employer identification number
84-0460697

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
(1) LONGMONT UNITED LAND HOLDING LLC 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 84-1554099	real estate	CO	23,601	161,936	LUH
(2) LE DEAUVILLE LLC 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 20-4781464	rental	CO	722,934	5,521,140	LUH

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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LMC COMM LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO80501 75-3081353	VOICE & DATA	CO	LULH LLC	unrelated	14,832	-7,728		No	14,832	Yes		50 000 %
(2) TRI-TOWN LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO80501 33-1035669	OFFICE LEASING	CO	LULH LLC	related	47,933	132,886		No		Yes		50 000 %
(3) TWIN PEAKS LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO80501 73-1656489	IMAGING	CO	LUH	related	22,123	571,509		No		Yes		50 000 %

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
(1) UNITED MEDICAL BLDG CONDOMINIUM ASSOC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO80501 84-1526130	CONDO ASSOCIATION	CO	NA	C CORP	387,848	98,588	91 780 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED MEDICAL BLDG CONDOMINIUM ASSOC	I	68,705	
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation