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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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) | Room/suite
1950 W MOUNTAIN VIEW AVE

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 $ 184,543,058

F Name and address of principal officer
MITCHELL C CARSON
1950 W 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 THE 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 2011 (Part V, line 2a)	**5**	1,416
6	Total number of volunteers (estimate if necessary)	**6**	670
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	20,713
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	11,288

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	172,168	101,194
	9 Program service revenue (Part VIII, line 2g)	172,488,710	174,213,665
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,574,134	1,829,526
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,481,850	2,213,619
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,716,862	178,358,004
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	275,172	252,111
	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)	74,225,146	75,173,569
	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–24e)	95,001,029	98,727,184
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	169,501,347	174,152,864
	19 Revenue less expenses Subtract line 18 from line 12	7,215,515	4,205,140

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	235,688,378	234,241,463
	21 Total liabilities (Part X, line 26)	121,853,307	116,156,861
	22 Net assets or fund balances Subtract line 21 from line 20	113,835,071	118,084,602

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

****** 2012-10-10
Signature of officer — Date

MITCHELL C CARSON CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CRAIG R CHOUN | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00173718

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EHRHARDT KEEFE STEINER & HOTTMAN PC
7979 E TUFTS AVENUE SUITE 400
DENVER, CO 802372843

EIN ▶ 84-0869721

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 157,151,633 including grants of $ 252,111) (Revenue $ 174,213,665)

THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY CARE, ANDSKILLED NURSING FOR A COMPLETE ANNUAL REPORT OF LONGMONT UNITEDHOSPITAL SERVICES, MISSION AND COMMUNITY BENEFIT, PLEASE VISIT USAT 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** ▶ $ 157,151,633

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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**	177		
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**	1,416			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) DAN GUST CHAIRPERSON	5 00	X		X				0	0	0
(2) PATRICIA GILL MD BOARD MEMBER	5 00	X						25,290	0	0
(3) TOM CHAPMAN ASST SEC-TREASURER	5 00	X		X				0	0	0
(4) MARK HINMAN MD BOARD MEMBER	5 00	X						15,000	0	0
(5) RICHARD LYONS VICE-CHAIRPERSON	5 00	X		X				0	0	0
(6) MARTIN PLASTER BOARD MEMBER	5 00	X						0	0	0
(7) LEONA STOECKER SECRETARY	5 00	X		X				0	0	0
(8) CLAIR VOLK TREASURER	5 00	X		X				0	0	0
(9) EDWINA SALAZAR BOARD MEMBER	5 00	X						0	0	0
(10) MIKE KIRKLAND BOARD MEMBER	5 00	X						0	0	0
(11) MITCHELL C CARSON PRESIDENT / CEO	40 00	X		X				510,023	0	112,542
(12) NEIL BERTRAND CFO	40 00			X				299,449	0	79,390
(13) CAROL SMITH VP LEGAL/REGULATORY AFFAIRS	40 00				X			214,746	0	55,753
(14) FABIO PIVETTA MILESTONE PHYSICIAN	40 00				X			205,485	0	19,100
(15) REBECCA HERMAN VP CLINICAL SUPPORT SERVICES	40 00				X			178,439	0	40,334
(16) MATTHEW BRETT MILESTONE PHYSICIAN	40 00				X			172,380	0	18,272
(17) NANCY DRISCOLL VP PATIENT CARE SERVICES	40 00				X			172,227	0	45,679

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) WARREN LAUGHLIN VP HUMAN RESOURCES	40 00				X			170,232	0	45,120
(19) HOLLY SPITZER CLINICAL PHARMACIST	39 00				X			158,852	0	8,388
(20) SHARON ROMINGER CHIEF NURSING OFFICER	30 00				X			154,176	0	18,127
(21) KATHERINE WALKER MILESTONE PHYSICIAN	40 00				X			152,751	0	8,541
(22) JOHN PETERSON VP INFORMATION SERVICES	40 00				X			150,400	0	42,421
(23) JOHN IVES DIRECTOR PHARMACY	40 00					X		149,941	0	12,474
(24) DANIEL FRANK CONTROLLER	40 00					X		145,835	0	33,526
(25) CORIN SCHROCK MANAGER NURSING SHIFT	57 00					X		142,906	0	18,121
(26) MAUREEN BEAVIN SPVR PHARMACY OPERATIONS	39 40					X		142,474	0	13,990
(27) LAURA STAISIUNAS MEDICATION SAFETY PHARMACIST	41 60					X		138,094	0	8,592

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	3,298,700	0	580,370

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 47

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COMPHEALTH PO BOX 972651 DALLAS, TX 753972651	MEDICAL	771,070
THE CHILDREN'S HOSPITAL 13123 EAST 16TH AVENUE AURORA, CO 80045	MEDICAL	759,768
MAYO MEDICAL LABORATORIES PO BOX 9146 MINNEAPOLIS, MN 554809146	MEDICAL	726,164
LONGMONT HOSPITALIST'S GROUP PO BOX 17004 DENVER, CO 802170004	MEDICAL	591,846
LONGMONT CLINIC 1925 MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	MEDICAL	581,561

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 25

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	72,564			
	d	Related organizations	1d	28,630			
	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		101,194			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621990	173,592,674	173,592,674		
	b	HEALTH CTR THERAPY	621990	424,538	424,538		
	c	HEALTH & WELLNESS CTR	621990	196,453	196,453		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		174,213,665			
	3	Investment income (including dividends, interest and other similar amounts)		1,715,132			1,715,132
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	1,653,790				
	b	Less rental expenses	1,133,589				
	c	Rental income or (loss)	520,201				
	d	Net rental income or (loss)		520,201	520,201		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,574,890	559,524			
	b	Less cost or other basis and sales expenses	4,505,643	514,377			
	c	Gain or (loss)	69,247	45,147			
	d	Net gain or (loss)		114,394			114,394
Other Revenue	8a	Gross income from fundraising events (not including $ 72,564 of contributions reported on line 1c) See Part IV, line 18	a 9,540				
	b	Less direct expenses	b 31,445				
	c	Net income or (loss) from fundraising events		-21,905			-21,905
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	682,755			682,755
	b	INC FROM RELATED ORGS	621990	445,211			445,211
	c	UBIT FROM K-1	541519	20,713		20,713	
	d	All other revenue		566,644			566,644
	e	**Total.** Add lines 11a–11d		1,715,323			
	12	**Total revenue.** See Instructions		178,358,004	174,733,866	20,713	3,502,231

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)

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

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 United States See Part IV, line 21	252,111	252,111		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,073,116	1,393,042	1,680,074	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,063,360	54,053,684	5,009,676	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	428,329	380,454	47,875	
9	Other employee benefits	8,304,887	7,467,573	837,314	
10	Payroll taxes	4,303,877	3,822,800	481,077	
11	Fees for services (non-employees)				
a	Management				
b	Legal	113,013		113,013	
c	Accounting	88,111		88,111	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	383,026	359,390	23,636	
12	Advertising and promotion	659,298	430	658,868	
13	Office expenses	6,093,098	5,426,191	666,907	
14	Information technology	2,509,022	1,831,154	677,868	
15	Royalties . .				
16	Occupancy	1,839,703		1,839,703	
17	Travel	224,001	201,339	22,662	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,676,766	4,006,196	670,570	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,401,238	9,198,558	1,202,680	
23	Insurance	1,339,365		1,339,365	
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	28,984,201	28,157,439	826,762	
b	BAD DEBT	15,869,739	15,869,739		
c	PURCHASED SERVICES	6,522,817	5,930,648	592,169	
d	PHYSICIAN FEES	6,295,948	6,295,948		
e					
f	All other expenses	12,727,838	12,504,937	222,901	
25	**Total functional expenses.** Add lines 1 through 24f	174,152,864	157,151,633	17,001,231	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		16,031,707	1	11,554,437
	2	Savings and temporary cash investments		11,072,834	2	8,830,211
	3	Pledges and grants receivable, net		336,340	3	424,259
	4	Accounts receivable, net		22,594,330	4	20,361,515
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		279,163	7	261,379
	8	Inventories for sale or use		5,982,881	8	5,249,684
	9	Prepaid expenses and deferred charges		2,492,425	9	3,239,488
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 222,322,510			
	b	Less accumulated depreciation	10b 114,284,959	111,485,752	10c	108,037,551
	11	Investments—publicly traded securities		56,333,455	11	66,915,361
	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		9,079,491	15	9,367,578
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		235,688,378	16	234,241,463
Liabilities	17	Accounts payable and accrued expenses		20,298,091	17	17,394,803
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		93,751,483	20	90,590,997
	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		4,611,733	23	4,466,652
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,192,000	25	3,704,409
	26	**Total liabilities.** Add lines 17 through 25		121,853,307	26	116,156,861
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		110,667,952	27	114,806,009
	28	Temporarily restricted net assets		3,167,119	28	3,278,593
	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		113,835,071	33	118,084,602
	34	Total liabilities and net assets/fund balances		235,688,378	34	234,241,463

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	178,358,004
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,152,864
3	Revenue less expenses Subtract line 2 from line 1	3	4,205,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	113,835,071
5	Other changes in net assets or fund balances (explain in Schedule O)	5	44,391
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	118,084,602

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

2011

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 **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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0460697
Name: LONGMONT UNITED HOSPITAL

Form 990, Special Condition Description:

Special Condition Description

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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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		11,377
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			11,377
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?			

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
PART IV, SUPPLEMENTAL INFORMATION		GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES - PART II-B, LINE 1F PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION FOR LOBBYING EXPENSES $6,552 PORTION OF DUES PAID TO THE COLORADO HOSPITAL ASSOCIATION FOR LOBBYING EXPENSES $4,825

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,726,316		5,726,316
b Buildings		142,554,386	60,696,992	81,857,394
c Leasehold improvements				
d Equipment		70,716,597	53,587,967	17,128,630
e Other		3,325,211		3,325,211
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				108,037,551

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	
MEDICARE SETTLEMENT	3,704,409
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,704,409

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	178,358,004
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	174,152,864
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,205,140
4	Net unrealized gains (losses) on investments	4	-32,870
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	51,498
9	Total adjustments (net) Add lines 4 - 8	9	18,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,223,768

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	179,933,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-32,870		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,608,013		
e	Add lines **2a** through **2d**			2e	1,575,143
3	Subtract line **2e** from line **1**			3	178,358,004
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	178,358,004

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

1	Total expenses and losses per audited financial statements			1	175,709,379
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	1,556,515		
e	Add lines **2a** through **2d**			2e	1,556,515
3	Subtract line **2e** from line **1**			3	174,152,864
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	174,152,864

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 FOOTNOTE 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, 2011 AND 2010 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, 2011 AND 2010 TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2008 THROUGH THE CURRENT PERIOD FOR THE FEDERAL RETURN AND 2007 THROUGH THE CURRENT PERIOD FOR THE COLORADO RETURN
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF 97,974 UMB CHANGE IN NET ASSETS -25,763 UNRELATED BUSINESS INCOME FROM K-1 -20,713 TOTAL TO SCHEDULE D, PART XI, LINE 8 51,498
PART XII, LINE 2D - OTHER ADJUSTMENTS		UMB REVENUE 410,865 RENTAL EXPENSES 1,133,589 FUNDRAISING EVENT EXPENSES 31,445 CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF 97,974 GAIN ON SALE OF ASSETS -45,147 UNRELATED BUSINESS INCOME FROM K-1 -20,713
PART XIII, LINE 2D - OTHER ADJUSTMENTS		UMB TOTAL EXPENSES 436,628 RENTAL EXPENSES 1,133,589 FUNDRAISING EVENT EXPENSES 31,445 GAIN FROM SALE OF ASSETS -45,147

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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

2011

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?		**(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
		Yes	**No**			
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 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	82,104			82,104
	2 Less Charitable contributions	72,564			72,564
	3 Gross income (line 1 minus line 2)	9,540			9,540
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	14,383			14,383
	7 Food and beverages				
	8 Entertainment	3,000			3,000
	9 Other direct expenses	14,062			14,062
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(31,445)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-21,905

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

2011

Open to Public Inspection

Name of the organization
LONGMONT UNITED HOSPITAL

Employer identification number
84-0460697

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **250.000000000000 %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			12,238,000	7,786,000	4,452,000	2 560 %
b Medicaid (from Worksheet 3, column a)			17,292,000	10,182,000	7,110,000	4 080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			29,530,000	17,968,000	11,562,000	6 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			572,000		572,000	0 330 %
f Health professions education (from Worksheet 5)			3,213,000		3,213,000	1 840 %
g Subsidized health services (from Worksheet 6)			6,289,000		6,289,000	3 610 %
h Research (from Worksheet 7)			2,000		2,000	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			252,000		252,000	0 140 %
j **Total** Other Benefits			10,328,000		10,328,000	5 920 %
k **Total.** Add lines 7d and 7j			39,858,000	17,968,000	21,890,000	12 560 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			19,000		19,000	0 010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			1,000		1,000	0 %
6 Coalition building			19,000		19,000	0 010 %
7 Community health improvement advocacy			5,000		5,000	0 %
8 Workforce development						
9 Other						
10 **Total**			44,000		44,000	0 020 %

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	2	4,847,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,500,000		
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	49,742,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	68,779,000
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-19,037,000
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

(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 1 UMB CONDO ASSOC	MAINTENANCE OF COMMON AREAS	92 000 %		8 000 %
2 2 LMB-MOB LLC	CONSTRUCTION OF OFFICE BLDG	17 180 %		82 820 %
3 3 LMC COMM LLC	OPERATION OF COMM EQUIPMENT	50 000 %		50 000 %
4 4 TRI-TOWN MED CAMPUS	CONSTRUCTION OF CARE CLINIC	50 000 %		50 000 %
5 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 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 B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

LONGMONT UNITED HOSPITAL

Name of Hospital Facility: LONGMONT UNITED HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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 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		
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 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

Identifier	ReturnReference	Explanation
	PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE PER FORM 990 REMOVED FROM THE DENOMINATOR = $15,869,739

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED	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

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED	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

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED	PART III, LINE 6	LONGMONT USES A COST ACCOUNTING SYSTEM TO CALCULATE UNREIMBURSED COSTS OF MEDICAID

Identifier	ReturnReference	Explanation
SHORTFALL REPORTED IN PART III, LINE 7	PART III, LINE 8	LONGMONT DOES NOT INCLUDE MEDICARE REIMBURSEMENT SHORTFALLS AS PART OF COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
	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

Identifier	ReturnReference	Explanation
		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 ASSESSMENTLONGMONT UNITED HOSPITAL'S MISSION DEDICATED TO IMPROVING THE HEALTH OF OUR PATIENTS AND COMMUNITIES WE SERVE 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 INPUTTHE BOARD OF DIRECTORS INCLUDES KEY COMMUNITY LEADERS WHO POSSESS SPECIAL KNOWLEDGE OF THE COMMUNITIES AND POPULATIONS WE SERVE HOSPITAL LEADERSHIP AND STAFF MEMBERS ALSO SERVE ON SEVERAL KEY BOARDS SUCH AS HOSPICE CARE, UNITED WAY, A WOMEN'S WORK, YMCA, CHAMBERS OF COMMERCE, COMMUNITY FOOD SHARE, ECONOMIC COUNCILS, SALUD FAMILY HEALTH CLINIC, VIA AND THE EDUCATION FOUNDATION *COMMUNICATION OF COMMUNITY BENEFITINFORMATION ON ORGANIZATIONS SERVED AND FINANCIAL SUPPORT IS REPORTED IN THE HOSPITAL ANNUAL REPORT WHICH IS AVAILABLE ON LINE TO THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 COMMUNICATION OF COMMUNITY BENEFITLONGMONT 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE COMMUNITIES THAT LONGMONT UNITED HOSPITAL SERVES ARE DESCRIBED AS FOL LOWS *GEOGRAPHIC AREA COMMUNITY BENEFIT IS PROVIDED TO COMMUNITIES IN OUR PRIMARY AND SECO NDARY SERVICE AREAS THESE SERVICE AREAS REPRESENT ROUGHLY A 20 MILE RADIUS AROUND THE HOS PITAL AND ENCOMPASS MOUNTAIN TOWNS, SUBURBAN CITIES, AND RURAL PLAINS COMMUNITIES LONGMON T UNITED HOSPITAL, A COMMUNITY NON-FOR-PROFIT HOSPITAL, IS THE ONLY HOSPITAL IN THE PRIMAR Y SERVICE AREA ZIP CODES80501 LONGMONT PSA80503 LONGMONT PSA80504 LONGMONT PSA80513 BERTH OUD PSA80530 FREDERICK PSA80540 LYONS PSA80520 FIRESTONE (80504) PSA80502 LONGMONT (80501) PSA80533 HYGIENE (80503) PSA80544 NIWOT (80503) PSA80514 DACONO PSA80542 MEAD PSA80516 ER IE PSA80534 JOHNSTOWN SSA80026 LAFAYETTE SSA80651 PLATTEVILLE SSA80621 FORT LUPTON SSA8053 8 LOVELAND SSA80301 BOULDER SSA80623 PLATTEVILLE (80651) SSA80541 LOVELAND (80537) SSA8053 7 LOVELAND SSA*DEMOGRAPHIC PROFILE INFORMATION CITY OF LONGMONT/ BOULDER COUNTY = 2010 US CENSUS BOULDER COUNTY HTTP //QUICKFACTS CENSUS GOV/QFD/STATES/08/08013 HTMLLONGMONT HTTP //WWW CI LONGMONT CO US/PLANNING/CENSUS/STATISTICS FROM BOULDER COMMUNITY FOUNDATION BOUL DER COUNTY TRENDS REPORT 2011*HEALTH COVERAGE IN BOULDER COUNTY *RACE 52% OF LATINOS AND 91% NON-HISPANIC WHITE HAVE HEALTHCARE COVERAGE *AGE UNDER 18 - 24% (NON- HISPANIC WHITE 3% LATINO 21%), 54% 18-64 54% (1% NON-HISPANIC WHITE 43% LATINO), OVER 64 14% (NON-HISPAN IC WHITE 1%, LATINO 14 %) ARE LACKING HEALTH COVERAGE *GENDER WOMEN 91%, MEN 81% HAVE HEA LTHCARE ANNUAL INCOME 95% $50K+, 81% $25K-50K, 61% <25K HAVE HEALTHCARE *96% OF THE CHILD REN HAVE HEALTH COVERAGE *2011 EDUCATION IN BOULDER COUNTY *A SIGNIFICANT GAP IN HIGH SCH OOL GRADUATION RATES BETWEEN NON-HISPANIC WHITE AND LATINO STUDENTS EXISTS 90% VS 61% IN BOULDER VALLEY SCHOOL DISTRICT (BVSD) AND 84% VS 56% IN ST VRAIN VALLEY SCHOOL DISTRICT (SVVSD) *LESS THAN HALF OF LATINO MALES IN THE ST VRAIN VALLEY SCHOOL DISTRICT GRADUATED IN 2010 (48%) *33% OF SVVSD STUDENTS ARE ON THE FREE OR REDUCED LUNCH PROGRAM, 20% OF BVS D QUALIFY *ECONOMY IN BOULDER COUNTY *MEDIAN HOUSEHOLD INCOME $32K LATINO, $67K NON-HISPA NIC WHITE *LIVING BELOW BOULDER COUNTY 2009 POVERTY RATES 23% YOUNG CHILDREN (UNDER 5 YEA RS) 32% LATINO CHILDREN (UNDER 5 YEARS) *22% OF THE LATINOS LIVING IN BOULDER COUNTY LIVE BELOW FEDERAL POVERTY LEVEL *2011 ADULT HEALTH IN BOULDER COUNTY *DIAGNOSED WITH DIABETES 3% *SMOKER 14% *ASTHMA 11% *OVERWEIGHT, BMI 25 - 29 9 35% *OBESE, BMI>30 14% *ATE FIVE OR MORE SERVINGS OF FRUITS AND VEGETABLES PER DAY 30% *EVER HAD A COLONOSCOPY (AGES 50 AND O VER) 61% *CLINICAL BREAST EXAM AND MAMMOGRAM IN THE PAST 2 YEARS (WOMEN AGES 50 AND OVER) 70% *EVER HAD A PAP SMEAR (WOMEN 18 AND OLDER) 95%*2011 MENTAL HEALTH IN BOULDER COUNTY F OR HOW MANY DAYS DURING THE PAST 30 DAYS WAS YOUR MENTAL HEALTH NOT GOOD? *1-7 DAYS GENER AL POPULATION 25%, NON-HISPANIC WHITE 26% LATINO 26% *8+ DAYS GENERAL POPULATION 10%, NON -HISPANIC WHITE 9%, LATINO 11% *1-7DAYS <$25K ANNUAL INCOME 22%, $25-50K ANNUAL INCOME 29 %, $50+ ANNUAL INCOME 24% *8+ DAYS <$25K ANNUAL INCOME 19%, $25-50K ANNUAL INCOME 8%, $50 + ANNUAL INCOME 8%*2011 CHILD HEALTH IN BOULDER COUNTY *OVERWEIGHT OR OBESE 18% *3RD GRADE RS WITH DENTAL CAVITIES 52% *TEEN SUICIDE (PER 1,000 TEEN) 13 *CHILD ABUSE REPORTS (PER 1, 000 CHILDREN) 9 1 *DOMESTIC VIOLENCE IN BOULDER COUNTY 577 CHILDREN WERE PRESENT AT A FOR MALLY REPORTED DOMESTIC VIOLENCE INCIDENT IN 2009, A 15 % INCREASE SINCE 2007 *42% OF ALL 7TH AND 8TH GRADERS REPORT BEING BULLIED IN BOULDER COUNTY *EMOTIONAL WELLNESS 25% OF H IGH SCHOOL STUDENTS REPORTED FEELING SAD OR HOPELESS EVERY DAY FOR TWO WEEKS OR MORE TO TH E POINT WHERE THEY STOPPED DOING SOME USUAL ACTIVITY *EARLY INITIATION FROM 2003 - 2009 THERE IS A DECREASING TREND IN EARLY INITIATION IN ALL AREAS (CIGARETTES, ALCOHOL, MARIJUA NA, SEXUAL INTERCOURSE) IN BOULDER COUNTY HIGH SCHOOL YOUTH *HARASSMENT OVERALL HARASSME NT REPORTED BY BOULDER COUNTY HIGH SCHOOL YOUTH IS ON A DOWNWARD TREND SINCE 2003 *TEEN P REGNANCY FROM 2010 TO 2011, 15 % INCREASE IN TEEN PREGNANCY FOR THE LATINA POPULATION IN BOULDER COUNTY FOR THE GENERAL POPULATION, THERE HAS BEEN A DOWNWARD TREND SINCE 2005 STA TISTICS CENTER OF DISEASE CONTROL AND PREVENTION *HEART DISEASE 2009 AGE OVER 35 DEATH RAT ES PER 100,000 BOULDER COUNTY 263, 3% DECREASE SINCE 2007LARIMER 258, 4% DECREASE SINCE 2 007WELD 308, 13% DECREASE SINCE 2007 *CANCER 2008 TOP THREE INCIDENT RATES PER 100,000 IN COPROSTATE 145, 10% DECREASE SINCE 2006FEMALE BREAST 124, 2% INCREASE SINCE 2006LUNG AND B RONCHUS 50, 3% INCREASE SINCE 2006 *DIABETES 2009 ADULTS DIAGNOSED DIABETES BOULDER COUNT Y 4%, 22% INCREASE SINCE 2007LARIMER 5%, 11% INCREASE SINCE 2007WELD 6 %, 9% CHANGE SINCE 2007HTTP //APPS NCCD CDC GOV/DDT_STRS2/COUNTYPREVALENCEDATA ASPX? STATEID=8&MODE=DBT *ARTHR ITIS 24% OF ADULTS IN CO REPORTED BEING DIAGNOSED WITH ARTHRITIS NO INCREASE SINCE 2007 *IN CO, 16% OF THE ADULT POPULATION (AGED 18+ YEA

Identifier	ReturnReference	Explanation
		RS ARE CURRENT CIGARETTE SMOKERS CONTINUING A DOWNWARD TREND SINCE 1996 *21% OF ADULTS IN CO WERE OVERWEIGHT OR OBESE PROVISIONS FOR UNINSURED *LONGMONT UNITED HOSPITAL PROVIDES A SAFETY NET FOR UNINSURED PERSONS THROUGH THE FOLLOWING *LONGMONT UNITED HOSPITAL PROVIDE S THE HIGHEST PERCENTAGE OF CHARITY CARE IN BOULDER COUNTY *SUBSIDIZING AND SUPPORTING TH E SALUD FAMILY HEALTH CENTERS, A LOW-INCOME PRIMARY HEALTHCARE SERVICE *SUPPORTING BOULDER VALLEY WOMEN'S HEALTH CENTER WHO PROVIDES QUALITY HEALTHCARE AND SERVICES REGARDLESS OF A CLIENT'S INSURED STATUS, ECONOMIC CIRCUMSTANCES OR IMMIGRATION STATUS

Identifier	ReturnReference	Explanation
		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 EDUCATIONDEMANDS 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 SERVICESSINCE 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 2011, THERE WERE 942 MEMBERS (AN INCREASE OF 13%) PARTICIPATING EDUCATION PROGRAMS, HEALTH CLINICS AND LOW-COST LABORATORY SERVICES *LOW-INCOME PRIMARY HEALTH CARE SERVICESPRIMARY 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 THE POPULATION SERVED INCLUDES ALL COMMUNITY MEMBERS WITH THE LOW-INCOME AND THE MEDICALLY UNDERSERVED POPULATION AS THE PRIORITY CLIENTELE THIS INCLUDES THE MIGRANT AND SEASONAL FARM WORKERS POPULATION PATIENTS ARE NOT TURNED AWAY BASED ON A PATIENT'S FINANCES, INSURANCE COVERAGE, OR ABILITY TO PAY *LACTATION CONSULTINGQUALIFIED 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 2011, THIS INCLUDED 879,433 TRIPS ON THE HOP (PUBLIC TRANSPORTATION), 103,140 TRIPS ON ACCESS-A-RIDE AND 138,492 TRIPS ON CALL-N-RIDE ONE-WAY DEMAND-RESPONSE TRIPS WERE 126,142, THE MOST IN THE HISTORY OF THE ORGANIZATION WITH 23% 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 ACTIVITIESMAINTAIN 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 NOT APPLICABLE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7	COLORADO

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLORADO CANCER RESEARCH PROGRAM2253 SOUTH ONEIDA ST DENVER,CO 80224	84-1090476	501(C)(3)	18,591				PROGRAM SUPPORT
(2) FRONT RANGE COMMUNITY COLLEGE 3645 WEST 112TH AVE WESTMINSTER,CO 80031	84-1311148	501(C)(3)	25,000				PROGRAM SUPPORT
(3) SALUD FAMILY HEALTH 203 SOUTH ROLLIE AVE FORT LUPTON,CO 80621	84-0613590	501(C)(3)	148,720				PROGRAM SUPPORT
(4) A WOMAN'S WORK2204 18TH AVE LONGMONT,CO 80503	20-8078513	501(C)(3)	7,957				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, 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

2011

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?	**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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	488,421	0	21,602	0	112,542	622,565	0
	(ii)	0	0	0	0	0	0	0
(2) NEIL BERTRAND	(i)	293,522	0	5,927	0	79,390	378,839	0
	(ii)	0	0	0	0	0	0	0
(3) CAROL SMITH	(i)	212,146	0	2,600	0	55,753	270,499	0
	(ii)	0	0	0	0	0	0	0
(4) FABIO PIVETTA	(i)	204,546	0	939	0	19,100	224,585	0
	(ii)	0	0	0	0	0	0	0
(5) REBECCA HERMAN	(i)	171,449	0	6,990	0	40,334	218,773	0
	(ii)	0	0	0	0	0	0	0
(6) MATTHEW BRETT	(i)	171,531	0	849	0	18,272	190,652	0
	(ii)	0	0	0	0	0	0	0
(7) NANCY DRISCOLL	(i)	170,716	0	1,511	0	45,679	217,906	0
	(ii)	0	0	0	0	0	0	0
(8) WARREN LAUGHLIN	(i)	168,726	0	1,506	0	45,120	215,352	0
	(ii)	0	0	0	0	0	0	0
(9) HOLLY SPITZER	(i)	158,253	0	599	0	8,388	167,240	0
	(ii)	0	0	0	0	0	0	0
(10) SHARON ROMINGER	(i)	153,700	0	476	16,500	1,627	172,303	0
	(ii)	0	0	0	0	0	0	0
(11) KATHERINE WALKER	(i)	152,038	0	713	0	8,541	161,292	0
	(ii)	0	0	0	0	0	0	0
(12) JOHN PETERSON	(i)	148,926	0	1,474	0	42,421	192,821	0
	(ii)	0	0	0	0	0	0	0
(13) JOHN IVES	(i)	149,228	0	713	0	12,474	162,415	0
	(ii)	0	0	0	0	0	0	0
(14) DANIEL FRANK	(i)	145,138	0	697	15,000	18,526	179,361	0
	(ii)	0	0	0	0	0	0	0
(15) CORIN SCHROCK	(i)	142,525	0	381	0	18,121	161,027	0
	(ii)	0	0	0	0	0	0	0
(16) MAUREEN BEAVIN	(i)	141,811	0	663	0	13,990	156,464	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 84-0460697
Name: LONGMONT UNITED HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MITCHELL C CARSON	(I)	488,421	0	21,602	0	112,542	622,565	0
	(II)	0	0	0	0	0	0	0
NEIL BERTRAND	(I)	293,522	0	5,927	0	79,390	378,839	0
	(II)	0	0	0	0	0	0	0
CAROL SMITH	(I)	212,146	0	2,600	0	55,753	270,499	0
	(II)	0	0	0	0	0	0	0
FABIO PIVETTA	(I)	204,546	0	939	0	19,100	224,585	0
	(II)	0	0	0	0	0	0	0
REBECCA HERMAN	(I)	171,449	0	6,990	0	40,334	218,773	0
	(II)	0	0	0	0	0	0	0
MATTHEW BRETT	(I)	171,531	0	849	0	18,272	190,652	0
	(II)	0	0	0	0	0	0	0
NANCY DRISCOLL	(I)	170,716	0	1,511	0	45,679	217,906	0
	(II)	0	0	0	0	0	0	0
WARREN LAUGHLIN	(I)	168,726	0	1,506	0	45,120	215,352	0
	(II)	0	0	0	0	0	0	0
HOLLY SPITZER	(I)	158,253	0	599	0	8,388	167,240	0
	(II)	0	0	0	0	0	0	0
SHARON ROMINGER	(I)	153,700	0	476	16,500	1,627	172,303	0
	(II)	0	0	0	0	0	0	0
KATHERINE WALKER	(I)	152,038	0	713	0	8,541	161,292	0
	(II)	0	0	0	0	0	0	0
JOHN PETERSON	(I)	148,926	0	1,474	0	42,421	192,821	0
	(II)	0	0	0	0	0	0	0
JOHN IVES	(I)	149,228	0	713	0	12,474	162,415	0
	(II)	0	0	0	0	0	0	0
DANIEL FRANK	(I)	145,138	0	697	15,000	18,526	179,361	0
	(II)	0	0	0	0	0	0	0
CORIN SCHROCK	(I)	142,525	0	381	0	18,121	161,027	0
	(II)	0	0	0	0	0	0	0
MAUREEN BEAVIN	(I)	141,811	0	663	0	13,990	156,464	0
	(II)	0	0	0	0	0	0	0

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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

2011

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 defeased				
3	Total proceeds of issue	16,132,365	40,000,000	53,470,608	
4	Gross proceeds in reserve funds	1,284,251		3,834,086	
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		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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		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?								
e	Was a hedge terminated?								
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
PART III	PRIVATE BUSINESS USE	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 PART 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

2011

Open to Public Inspection

Name of the organization
LONGMONT UNITED HOSPITAL

Employer identification number
84-0460697

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	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
	FORM 990, PART VI, SECTION A, LINE 1	DR PATRICIA GILL AND DR MARK HINMAN ARE COMPENSATED FOR MEDICAL SERVICES PROVIDED TO LONGMONT UNITED HOSPITAL RATHER THAN BOARD MEMBERSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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 IT IS REVIEWED BY THE AUDIT COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRECTORS BEFORE IT IS FILED COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD THE ORGANIZATION THEN DISCUSSES ANY CHANGES OR ISSUES THAT THE AUDIT COMMITTEE/BOARD MAY HAVE ONCE QUESTIONS/ISSUES HAVE BEEN ADDRESSED AND THE FORM APPROVED, THE RETURN IS THEN BE FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 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
	FORM 990, PART VI, SECTION B, LINE 15	IN 2011, 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 2014, 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
	FORM 990, PART VI, SECTION C, LINE 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	FORM 990, 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -32,870 CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF 97,974 UNRELATED BUSINESS INCOME FROM K-1 -20,713 TOTAL TO FORM 990, PART XI, LINE 5 44,391

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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

2011

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	37,974	199,921	LUH
(2) LE DEAUVILLE LLC 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 20-4781464	RENTAL	CO	742,865	5,353,791	LUH
(3) MILESTONE MEDICAL GROUP 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 38-3842918	MEDICAL SERVICES	CO	19,713	-185,646	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) Disproprtionate 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, CO 80501 75-3081353	VOICE & DATA	CO	LULH LLC	UNRELATED	20,713	12,985		No	20,713	Yes		50 000 %
(2) TRI-TOWN LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 33-1035669	OFFICE LEASING	CO	LULH LLC	RELATED	51,297	150,526		No		Yes		50 000 %
(3) TWIN PEAKS LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 73-1656489	IMAGING	CO	LUH	RELATED	17,841	554,350		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, CO 80501 84-1526130	CONDO ASSOCIATION	CO	N/A	C	377,092	103,393	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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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	B	68,705	FMV
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Financial Statements
and Independent Auditors' Report
December 31, 2011 and 2010

EKS H

EHRHARDT KEEFE
STEINER HOTTMAN PC

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

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EKS H
EHRHARDT KEEFE
STEINER HOTTMAN PC

7979 E. Tufts Avenue, Suite 400
Denver, Colorado 80237-2843
P: 303-740-9400 F: 303-740-9009

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Longmont United Hospital, Inc and Affiliates
Longmont, Colorado

We have audited the accompanying consolidated balance sheets of Longmont United Hospital, Inc. and Affiliates (the "Hospital") as of December 31, 2011 and 2010 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Longmont United Hospital, Inc. and Affiliates as of December 31, 2011 and 2010 and the results of their operations and their cash flows for the year then ended in conformity with generally accepted accounting principles in the United States of America

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The consolidating information on pages 27 – 30 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities, and it is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ehrhardt Keefe Steiner + Hottman PC

Ehrhardt Keefe Steiner & Hottman PC

April 17, 2012
Denver, Colorado

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Balance Sheets

	December 31, 2011	December 31, 2010
Assets		
Current assets		
Cash and cash equivalents	$ 11,667,079	$ 16,139,125
Assets limited as to use required for current liabilities	3,634,969	3,497,477
Patient accounts receivable, net of allowance for uncollectible accounts of approximately $4,350,000 in 2011 and $6,038,000 in 2010	20,361,515	22,594,330
Contributions receivable	256,683	194,438
Receivables from related parties	32,371	20,197
Interest receivable	18,098	42,983
Supplies inventory	5,249,684	5,982,881
Prepaid expenses and other	3,239,498	2,492,425
Total current assets	44,459,897	50,963,856
Assets limited as to use		
Board-designated for funded depreciation	70,625,161	62,291,155
Restricted by bond indenture	5,118,373	5,113,100
	75,743,534	67,404,255
Less amount required for current liabilities	(3,634,969)	(3,497,477)
Total assets limited as to use	72,108,565	63,906,778
Contributions receivable	135,205	121,705
Land, buildings, and equipment, net	108,037,551	111,485,752
Other assets		
Notes receivable	261,379	279,163
Other investments	4,322,395	3,981,868
Bond issuance costs, net of accumulated amortization of $932,947 in 2011 and $807,422 in 2010	1,902,174	2,027,699
Net assets held by Longmont United Hospital Foundation	3,126,949	3,028,975
Total assets	$ 234,354,115	$ 235,795,796
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 11,345,283	$ 13,953,379
Accrued salaries, wages, and employee benefits	5,634,016	5,885,828
Accrued interest	367,275	386,959
Estimated payable to contractual agencies	3,704,409	3,192,000
Current installments of long-term debt	3,490,717	3,259,721
Other liabilities	166,214	158,913
Total current liabilities	24,707,914	26,836,800
Long-term debt, net of current installments	91,566,932	95,103,495
Total liabilities	116,274,846	121,940,295
Commitments and contingencies		
Net assets		
Unrestricted	114,800,676	110,688,382
Temporarily restricted		
Held by Longmont United Hospital, Inc	151,644	138,144
Held by Longmont United Hospital Foundation	3,126,949	3,028,975
Total temporarily restricted net assets	3,278,593	3,167,119
Total net assets	118,079,269	113,855,501
Total liabilities and net assets	$ 234,354,115	$ 235,795,796

See notes to consolidated financial statements

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Statements of Operations

	For the Years Ended December 31,	
	2011	2010
Unrestricted revenue		
Net patient service revenue	$ 173,592,674	$ 172,488,710
Other operating revenue	3,934,935	3,786,169
Total unrestricted revenue	177,527,609	176,274,879
Expenses		
Salaries, wages, and employee benefits	75,173,569	74,225,146
Supplies and other	63,201,425	57,740,949
Specialists' fees	6,295,945	5,875,114
Depreciation	10,401,898	11,816,138
Interest and amortization	4,766,804	5,141,156
Provision for uncollectible patient accounts	15,869,738	16,245,002
Total expenses	175,709,379	171,043,505
Income from operations	1,818,230	5,231,374
Other income		
Investment income and other, net	2,311,804	1,919,487
Excess of unrestricted revenue over expenses	4,130,034	7,150,861
Other changes in unrestricted net assets		
Net assets released from restrictions used for purchase of property and equipment	15,130	51,703
Unrealized (loss) gain on investments	(32,870)	64,324
Increase in unrestricted net assets	$ 4,112,294	$ 7,266,888

See notes to consolidated financial statements

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Statements of Changes in Net Assets

	For the Years Ended December 31,	
	2011	2010
Unrestricted net assets		
Excess of unrestricted revenue over expenses	$ 4,130,034	$ 7,150,861
Net assets released from restrictions used for purchase of property and equipment	15,130	51,703
Unrealized (loss) gain on investments	(32,870)	64,324
Increase in unrestricted net asset	4,112,294	7,266,888
Temporarily restricted net assets		
Contributions from Longmont United Hospital Foundation	28,630	73,203
Net assets released from restrictions for acquisition of property and equipment	(15,130)	(51,703)
Increase in temporarily restricted net assets held by Longmont United Hospital, Inc	13,500	21,500
Change in interest in net assets held by Longmont United Hospital Foundation	97,974	363,460
Total increase in temporarily restricted net assets	111,474	384,960
Change in net assets	4,223,768	7,651,848
Net assets, beginning of year	113,855,501	106,203,653
Net assets, end of year	$ 118,079,269	$ 113,855,501

See notes to consolidated financial statements

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Statements of Cash Flows

	For the Years Ended December 31, 2011	2010
Cash flows from operating activities		
Change in net assets	$ 4,223,768	$ 7,651,848
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	10,491,936	11,939,648
Unrealized loss (gain) on investments	32,870	(64,324)
Provision for uncollectible patient accounts	15,869,738	16,245,002
Contributions from donors, primarily for purchase of equipment	(28,630)	(73,203)
Change in net assets owned by Longmont United Hospital Foundation	(97,974)	(363,460)
Changes in operating assets and liabilities		
Patient accounts receivable	(13,636,923)	(15,475,975)
Receivables from related parties	(12,174)	537
Interest receivable	24,885	(6,711)
Supplies inventory	733,197	(1,618,927)
Provider fee receivable	-	2,511,344
Prepaid expenses and other	(747,073)	895,015
Accounts payable	(2,608,096)	(287,224)
Accrued salaries, wages, and employee benefits	(251,812)	304,172
Accrued interest	(19,684)	(40,492)
Estimated payable to contractual agencies	512,409	227,000
Other liabilities	7,301	15,729
Net cash provided by operating activities	14,493,738	21,859,979
Cash flows from investing activities		
Proceeds from sale of fixed assets	559,524	3,623
Purchase of land, buildings, and equipment	(7,513,221)	(3,145,704)
Purchases of investments	(59,110,308)	(63,281,715)
Maturities of investments	50,743,432	52,936,554
Other investments	(340,527)	(1,855,510)
Payments on notes receivable	17,784	18,384
Net cash used in investing activities	(15,643,316)	(15,324,368)
Cash flows from financing activities		
Increase in contributions receivable, restricted for buildings, net	(75,745)	31,610
Contributions from donors, primarily for purchase of equipment	28,630	73,203
Change in funds required by bond indenture	(5,273)	651,943
Repayment of long-term debt	(3,270,080)	(3,229,801)
Net cash used in financing activities	(3,322,468)	(2,473,045)
(Decrease) increase in cash and cash equivalents	(4,472,046)	4,062,566
Cash and cash equivalents, beginning of year	16,139,125	12,076,559
Cash and cash equivalents, end of year	$ 11,667,079	$ 16,139,125
Supplemental disclosure of cash flow information		
Cash paid during the year for interest, net of amount capitalized	$ 4,686,304	$ 5,047,409
Loan for purchase of land	$ -	$ (6,429,727)

See notes to consolidated financial statements

Note 1 – Organization and Summary of Significant Accounting Policies

Organization

Longmont United Hospital, Inc (the "Hospital") is a Colorado non-profit corporation The Hospital is licensed for 186 beds as an acute care facility, 15 skilled nursing beds, and is located in Longmont, Colorado The Hospital provides inpatient, outpatient, emergency care, and skilled nursing facility services generally for residents of Northern Colorado Admitting physicians are primarily practitioners in the local area

The Hospital established the United Medical Building Condominium Association ("UMB"), a non-profit organization, for the purpose of maintenance, control, and operations of the general common elements of the UMB The Hospital holds 92% of the membership, and the space is either occupied by the Hospital's departments or leased to third-party unaffiliated medical practices by the Hospital

Longmont United Land Holding LLC ("LULH LLC") is a limited liability company organized for the purpose of constructing a medical office building on the South Campus LULH LLC sold its ownership interest in that medical office building in 2003 and now owns only 17% of a small parcel of undeveloped land, as well as two 50% joint venture interests The Hospital owns 100% of LULH LLC

Le Deauville LLC ("Le Deauville") is a limited liability company organized for the purpose of operating the Le Deauville Apartments, a 100-unit apartment complex located on land contiguous to the Hospital campus In May 2006, the Longmont United Hospital Foundation (the "Foundation") purchased Le Deauville with the ultimate intent of transferring this property to the Hospital for future expansion Effective January 1, 2008, the Foundation assigned the membership interest and membership rights of Le Deauville to the Hospital In connection with the assignment agreement, the Foundation entered into an assumption and indemnification agreement whereby the Hospital assumed the Foundation's position on the outstanding mortgage payable

Milestone Medical Group ("Milestone") is a Colorado non-profit corporation organized for the purpose of providing professional medical services in the community Milestone is a wholly owned subsidiary of the Hospital

The accompanying consolidated financial statements include the accounts of the Hospital, UMB, LULH LLC, Le Deauville, and Milestone All significant intercompany balances and transactions have been eliminated in consolidation

The Foundation was formed to plan, organize, institute, and administer projects that provide support for the Hospital In the absence of donor restrictions, the Foundation's Board of Directors ("Board") 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 serve on the 14-member Board of the Foundation

Note 1 – Organization and Summary of Significant Accounting Policies (continued)

Organization (continued)

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 the Foundation The net assets owned by the Foundation are reflected in temporarily restricted net assets Contributions made by the Foundation to the Hospital during the years ended December 31, 2011 and 2010 were approximately $29,000 and $73,000, respectively

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting

The net assets, revenue, gains, and other support in the accompanying consolidated financial statements are classified based on the existence or absence of donor-imposed restrictions Accordingly, net assets of the Hospital and changes therein are classified and reported as follows

Unrestricted Net Assets – Net assets that generally are not subject to donor-imposed restrictions

Temporarily Restricted Net Assets – Net assets whose use by the Hospital or distribution by the Foundation has been limited by donors to a specific purpose These restrictions may or will be met either with actions of the Hospital and/or with the passage of time Restricted gifts and other restricted resources are recorded as direct additions to the appropriate restricted fund When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions Resources set aside for Board-designated purposes are considered to be limited as to use, however, they are not considered to be restricted as the Board can redesignate these assets at any time

Use of Estimates

The preparation of the consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses and changes in net assets during the reporting period Actual results could differ from those estimates Significant estimates in the Hospital's consolidated financial statements are the reserve for uncollectible accounts receivable, contractual allowances under third-party reimbursement programs, net patient service revenue, bad debt expense, third-party settlements, claims payable, and remaining useful lives of long-lived assets

Note 1 – Organization and Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Funds not otherwise limited as to use with original maturities of three months or less when purchased are considered cash equivalents At December 31, 2011 and 2010, cash equivalents are amounts that are primarily invested in money market accounts

Assets Limited as to Use

Assets limited as to use include assets held in investment accounts designated by the Board for future capital improvements, over which the Board retains control, and assets held by trustees under bond indenture agreements

Investments and Investment Income

Investments are stated at fair value based upon quoted market prices and consist of federal agency securities, commercial paper, and bank certificates of deposit All investments have traditionally been held to maturity

Investment income on proceeds of borrowings that are held by a trustee, to the extent not capitalized, and investment income and realized gains and losses from all other investments are reported as other income and are computed based on the specific-identification method Unrealized gains and losses on investments are excluded from the excess of unrestricted revenue over expenses and are included in other changes in unrestricted net assets in the consolidated statements of operations and the consolidated statements of changes in net assets

Supplies Inventory

Inventory consists principally of medical supplies and pharmaceuticals and is stated at the lower of cost or market, with cost determined using the first-in, first-out method

Land, Buildings, and Equipment

Land, buildings, and equipment are stated at cost when purchased or at estimated fair value if received by donation Improvements and replacements are capitalized, and repairs and maintenance are expensed in the period incurred

For restricted tax-exempt borrowings, interest costs, less any interest earned on temporary investment of the proceeds of those borrowings from the date of borrowing until the specified qualifying assets acquired with those borrowings are ready for their intended use, are capitalized

Depreciation is computed using the straight-line method over the estimated useful lives of the related assets The Hospital uses the estimated useful lives recommended by the American Hospital Association

Note 1 – Organization and Summary of Significant Accounting Policies (continued)

Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recovered If such an impairment exists, the related assets would be written down to fair value No such impairment has been recorded as of December 31, 2011 or 2010

Other Investments

Other investments at December 31, 2011 and 2010 include an investment of approximately $852,000 and $820,000, respectively, representing LULH LLC's approximate 17% interest in LMC MOB LLC, LULH LLC's 50% interest in the Tri Town Medical Campus, LULH LLC's 50% interest in LMC Communications, LLC, and the Hospital's 50% interest in Twin Peaks Medical Imaging, LLC These entities are recorded under the equity method at December 31, 2011 and 2010 because the Hospital has significant influence over these entities

Other investments at December 31, 2011 and 2010 also include an investment of approximately $1,607,000 and $1,748,000, respectively, representing the Hospital's 50% interest in the Carbon Valley Healthcare Holdings Company ("CVHHC"), a non-profit, tax-exempt organization This organization was formed in 2010 as a joint venture with Poudre Valley Health System, a private not-for-profit healthcare system located in northern Colorado, to explore future healthcare needs in the Frederick/Firestone/Dacono area CVHHC owns a 70-acre parcel of land and is preparing a strategic plan to offer a variety of healthcare services at that site The Hospital accounts for this investment using the equity method because there is significant Hospital influence on CVHHC's Board

Other investments at December 31, 2011 and 2010 also include an investment of approximately $278,000 and $268,000, respectively, representing the Hospital's minority interest in the Hospital Cooperative Laundry Inc ("HCL"), an organization that provides laundry and linen services to a variety of healthcare facilities in Colorado The Hospital accounts for this investment using the equity method because there is significant Hospital influence on HCL's Board

Other investments at December 31, 2011 and 2010 also include an investment of approximately $1,545,000 and $1,102,000, respectively, representing the Hospital's interest in VHA Mountain States Healthcare Reciprocal Risk Retention Group See Note 8 for further details

Other investments at December 31, 2011 and 2010 also include an investment of approximately $43,000 and $43,000, respectively, representing the Hospital's member equity account in VHA consulting operations

Unamortized Bond Issuance Costs

Bond issuance costs are deferred and amortized over the life of the bonds using the straight-line method, which approximates the effective-interest method

Note 1 – Organization and Summary of Significant Accounting Policies (continued)

Accrued Compensated Absences

The Hospital has a paid time-off policy for vacation covering substantially all employees The Hospital has recorded the accrued liability for these compensated absences in the accompanying consolidated financial statements as part of accrued salaries, wages, and employee benefits

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered

Amounts reimbursed for services rendered to patients covered under Medicare, Medicaid, and various commercial insurance programs are generally less than established billing rates Net patient service revenue is reported at the estimated net realizable amounts under these arrangements Differences between the established billing rates and amounts reimbursed are recognized as contractual adjustments

Amounts receivable under reimbursement agreements with the Medicare and Medicaid programs are subject to examination and retroactive adjustment Provisions for estimated retroactive adjustments under such programs are provided in the period the related services are rendered and adjusted in future periods as final settlements are determined The Hospital's reserve for estimated retroactive adjustments decreased approximately $249,000 for the year ended December 31, 2011 and increased approximately $319,000 for the year ended December 31, 2010, due to changes in previously estimated settlements as a result of final settlements, resolution of reviews and investigations, and prior year retroactive adjustments

Other Operating Revenue

Other operating revenue consists of revenue received from sources other than the provision of healthcare services to registered patients Cafeteria revenue, medical office building rental income, and fees received for alternative therapies are included in the total Revenue is recognized in the period earned under the accrual basis of accounting

Excess of Unrestricted Revenue Over Expenses

The consolidated statements of operations include excess of unrestricted revenue over expenses Changes in unrestricted net assets, which are excluded from excess of revenue over expenses consistent with industry practice, include changes in unrealized gains and losses on investments other-than-trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets or cash restricted for the purchase of long-lived assets (including assets acquired using contributions, which, by donor restriction, were to be used for the purposes of acquiring such assets)

Note 1 – Organization and Summary of Significant Accounting Policies (continued)

Contributions

The Hospital does not generally receive contributions directly from donors Such contributions typically flow from the Foundation When the Hospital does receive a direct cash donation from a donor, it is recorded as other operating revenue

Charity Care

The Hospital provides care to patients regardless of their ability to pay for those services Because the Hospital does not pursue collection of amounts determined to qualify as charity care and these amounts are not expected to result in cash flows, they are not reported in net patient service revenue Charity care measured at cost approximated $7,804,000 and $6,573,000 for the years ended December 31, 2011 and 2010, respectively, and are estimated using information obtained from the Hospital's internal cost accounting system

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

Income Taxes

The Hospital is exempt from federal income taxes under Section 50l(a) of the Internal Revenue Code as an organization described in Section 50l(c)(3) However, income generated from activities unrelated to the entity's exempt purpose is subject to tax under Section 511 of the Internal Revenue Code

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, 2011 and 2010 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, 2011 and 2010 Tax years that remain subject to examination include 2008 through the current period for the federal return and 2007 through the current period for the Colorado return

Note 2 – Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates A summary of the payment arrangements with major third-party payors is as follows

Medicare

Inpatient acute care and outpatient care rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure The inpatient rates vary according to a Diagnostic Related Group patient classification system that is based on clinical, diagnostic, and other factors

Inpatient rehabilitation services are paid at prospectively determined rates per discharge Rates vary according to a Case Mix Group patient classification system that is based on clinical, diagnostic, and other factors Inpatient psychiatric services are reimbursed per case based upon diagnoses, length of stay, and the age of the patient Outpatient services rendered under the Medicare program are paid based on the Ambulatory Payment Classification system The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by the Hospital's fiscal intermediary The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through December 31, 2006

Medicaid

Inpatient services are paid at prospectively determined rates per discharge similar to Medicare Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology The Hospital is reimbursed at a tentative rate for outpatient services with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through December 31, 2006

Revenue from the Medicare and Medicaid programs accounted for approximately 28% and 6%, respectively, of the Hospital's net patient revenue for the year ended December 31, 2011 and 26% and 7%, respectively, of the Hospital's net patient revenue for the year ended December 31, 2010

Colorado Healthcare Affordability Act

In March 2010, the Centers for Medicare and Medicaid Services ("CMS") approved the Colorado Healthcare Affordability Act whereby the Colorado Department of Healthcare Policy and Financing can collect a fee from each provider, obtain federal matching funds, and redistribute those funds back to healthcare providers within the state The Act provides funds to expand Medicaid enrollment as well as to restore Colorado Indigent Care Program payments that had been eliminated on July 1, 2009 The net annual impact of those additional matching funds was approximately $5,902,000 and $6,579,000 for the years ended December 31, 2011 and 2010, respectively

Note 2 – Net Patient Service Revenue (continued)

Other Payors

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates

Hospital gross patient service revenue was approximately $445,446,000 and $452,109,000 for the years ended December 31, 2011 and 2010, respectively

Note 3 – Assets Limited as to Use

The Hospital provides for future expansion and equipment acquisitions by funding depreciation Funded depreciation and assets limited as to use under bond trust indentures are as follows

	December 31,	
	2011	2010
Funded depreciation		
Cash and cash equivalents	$ 252,933	$ 22,068
Certificates of deposit	8,040,698	10,615,375
Total cash, cash equivalents, and certificates of deposit	8,293,631	10,637,443
U S government obligations		
Residential mortgage-backed securities	38,304,767	32,794,749
Total U S government obligations	38,304,767	32,794,749
Corporate obligations		
Corporate bonds		
Financial services industry	20,351,139	15,277,817
Computer industry	1,098,490	1,149,649
Automobile industry	1,051,816	1,039,503
U S state general obligation	1,019,149	981,737
Total corporate obligations	23,520,594	18,448,706
Accrued interest	506,169	410,257
Total funded depreciation	70,625,161	62,291,155
Externally restricted by bond indentures		
Cash and cash equivalents	28,373	23,100
U S government obligations		
Residential mortgage-backed securities	5,090,000	5,090,000
Total U S government obligations	5,090,000	5,090,000
Total externally restricted by bond indentures	5,118,373	5,113,100
Total assets limited as to use	$ 75,743,534	$ 67,404,255

Note 3 – Assets Limited as to Use (continued)

Components of investment income and other are as follows

	December 31,	
	2011	2010
Interest income/gains on investment sales	$ 1,866,593	$ 1,697,494
Income from affiliated and related organizations	445,211	221,993
	$ 2,311,804	$ 1,919,487

The following tables show the gross unrealized losses and fair value of the Hospital's investments with unrealized losses that are not deemed to be other than temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, at December 31, 2011 and 2010

December 31, 2011

	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Gains (Losses)	Fair Value	Unrealized Gains (Losses)	Fair Value	Unrealized Gains (Losses)
U S government obligations						
Residential mortgage-backed securities	$ 1,997,768	$ (2,232)	$ -	$ -	$ 1,997,768	$ (2,232)
Total U S government obligations	1,997,768	(2,232)	-	-	1,997,768	(2,232)
Corporate obligations						
Corporate bonds						
Financial services industry	15,110,951	(597,787)	1,041,765	(39,978)	16,152,716	(637,765)
Computer industry	-	-	1,098,490	(25,643)	1,098,490	(25,643)
Total corporate obligations	15,110,951	(597,787)	2,140,255	(65,621)	17,251,206	(663,408)
Total	$ 17,108,719	$ (600,019)	$ 2,140,255	$ (65,621)	$ 19,248,974	$ (665,640)

Note 3 – Assets Limited as to Use (continued)

December 31, 2010

	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Gains (Losses)	Fair Value	Unrealized Gains (Losses)	Fair Value	Unrealized Gains (Losses)
U S government obligations						
Residential mortgage-backed securities	$ 13,707,199	$ (294,530)	$ -	$ -	$ 13,707,199	$ (294,530)
Total U S government obligations	13,707,199	(294,530)	-	-	13,707,199	(294,530)
Corporate obligations						
Corporate bonds						
Financial Services Industry	8,436,223	(213,297)	-	-	8,436,223	(213,297)
U S state general obligation	981,737	(26,884)	-	-	981,737	(26,884)
Computer industry	1,149,649	(2,672)	-	-	1,149,649	(2,672)
Total corporate obligations	10,567,609	(242,853)	-	-	10,567,609	(242,853)
Total	$ 24,274,808	$ (537,383)	$ -	$ -	$ 24,274,808	$ (537,383)

All of the above-referenced unrealized losses are caused by routine market-based interest rate changes between the purchase date and the date of this report The Hospital traditionally takes a buy-and-hold approach to investing and has the ability to hold all of the assets listed above to their maturity By that point, all the investments would have regained their unrealized losses and will settle for the stated value of the investment

Note 4 – Land, Buildings, and Equipment

Land, buildings, and equipment consist of the following

	December 31,	
	2011	2010
Land	$ 5,726,316	$ 6,091,317
Buildings, improvements, and fixed equipment	142,554,386	141,971,062
Major movable equipment	70,716,597	65,791,227
Construction in progress	3,325,211	2,052,184
	222,322,510	215,905,790
Less accumulated depreciation		
Buildings, improvements, and fixed equipment	(60,696,992)	(55,748,594)
Major movable equipment	(53,587,967)	(48,671,444)
Land, buildings, and equipment, net	$ 108,037,551	$ 111,485,752

Note 5 – Long-Term Debt

Long-term debt consists of the following

	December 31, 2011	December 31, 2010
Series 2006B Hospital Revenue Bonds	$ 44,215,000	$ 45,770,000
Series 2006A Hospital Revenue Bonds	36,545,000	37,300,000
Series 2003 Hospital Revenue Bonds	9,100,000	9,915,000
Le Deauville bank loan	4,466,652	4,611,733
	94,326,652	97,596,733
Less current installments	(3,490,717)	(3,259,721)
	90,835,935	94,337,012
Plus original issue premium	730,997	766,483
Total	$ 91,566,932	$ 95,103,495

Annual scheduled maturities of debt are as follows

Year Ended December 31,	
2012	$ 3,490,717
2013	3,653,821
2014	3,831,777
2015	4,014,606
2016	7,512,237
Thereafter	71,823,494
	$ 94,326,652

Series 2003 Bonds

In December 2003, the Hospital issued $14,915,000 in Revenue Refunding Bonds to advance refund the Series 1993 Hospital Revenue Bonds ("Series 1993 Bonds") The Hospital deposited $15,619,472 in direct obligations of the U S government in an irrevocable trust in order to satisfy future Series 1993 Bond scheduled payments of principal and interest Upon deposit of the securities in the trust, the Series 1993 Bonds were deemed to have been retired, and the Hospital was released from the provisions of the related indenture The Series 2003 Bonds mature in increasing annual installments through the year 2020, with interest ranging from 2 00% to 5 00% Optional redemption of the bonds may be made beginning in the year 2013 at par

Note 5 – Long-Term Debt (continued)

Series 2006A Bonds

In June 2006, the Hospital issued $40,000,000 in Revenue Bonds ("Series 2006A Bonds") to improve and construct certain facilities at the Hospital The projects include construction of an expanded emergency department, expansion of the Hospital's central utility plant, 18 additional monitored inpatient telemetry beds, and construction of an additional cardiac catheterization lab, among other projects The Series 2006A Bonds mature in increasing annual installments through the year 2030, with a $12,940,000 balloon payment due in 2031 The Series 2006A Bonds bear a fixed interest rate of 4 75% and were purchased in their entirety by Centennial Bank of the West The Series 2006A Bonds are subject to early redemption at the option of the Hospital at par There is no advance refunding penalty or premium required

Series 2006B Bonds

In June 2006, the Hospital issued $48,965,000 in Revenue Refunding Bonds ("Series 2006B Bonds") to advance refund $22,641,896 of the Series 1997 Hospital Revenue Bonds and $25,217,823 of the portion of the Series 2000 Hospital Revenue Bonds that matured subsequent to December 2010 The Hospital deposited $47,852,140 in direct obligations of the U S government in an irrevocable trust in order to satisfy future Series 1997 Bond and Series 2000 Bond scheduled payments of principal and interest The Series 2006B Bonds mature in increasing annual installments through the year 2030, with interest ranging from 4 00% to 5 25% Optional redemption of the bonds can be made beginning in the year 2016 at par

The Series 2003, 2006A, and 2006B Bonds are secured by a pledge of Hospital gross receipts Under the terms of the bond indentures, the Hospital is required to maintain certain deposits with a trustee Such deposits are included with assets limited as to use The bond indentures also place limits on the incurrence of additional borrowings and require that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding

Note 6 – Advanced Physician Guaranteed Income and Receivables from Related Parties

In connection with the Hospital's physician recruitment efforts to attract qualified doctors to the communities served by the Hospital, certain physicians are given income guarantees to assist with the start-up of their practices The terms related to the payback of guarantees range from two to six years If the physician leaves the Longmont area prior to the contracted period of time, advanced guaranteed income will become payable by the physician in varying amounts by installments through 2013 and will bear interest at existing market rates The Hospital's guaranteed payments are reduced by the physician's practice net income For the years ended December 31, 2011 and 2010, the Hospital expensed $191,000 and $259,000, respectively, in connection with physician income guarantees

Note 6 – Advanced Physician Guaranteed Income and Receivables from Related Parties (continued)

The net physician income guarantee receivable included in other current assets totaled $12,000 and $130,000 at December 31, 2011 and 2010, respectively All physicians are current with their obligations under these agreements The maximum amount remaining to be advanced under these agreements is $3,000 as of December 31, 2011

Note 7 – Retirement Programs

The Hospital offers a 403(b) program (the "Program") to employees meeting certain eligibility criteria All employees are eligible to participate Employees electing to participate may contribute a maximum of 25% of their earnings to the Program, not to exceed $16,500 in 2011 or 2010 For a portion of fiscal year 2011, the Hospital made a matching contribution of 25% of each employee's contribution up to a maximum of 1 1/2% of full-time employees' gross earnings and 3/4% of half-time employees' gross earnings Throughout fiscal year 2010, that employer match was temporarily phased out, but was restored in April 2011 To become eligible for the Hospital's matching contribution, an employee must work half-time or more and must have been employed by the Hospital for more than one year

The Hospital implemented a 457(b) Top Hat deferred compensation plan (the "Plan") in 2002 The Plan is funded annually based on Hospital and employee performance Total contributions for the Program and the Plan made by the Hospital were approximately $428,000 and $16,000 in 2011 and 2010, respectively

Note 8 – Liability Insurance

The Hospital is a part of the VHA Mountain States Reciprocal Risk Retention Group (the "Group") under a claims-made policy retroactive to January 1, 1976 There are 20 subscribing members as of December 31, 2011 The Group provides full coverage for Hospital liability and general liability through a self-insured primary layer and a purchased layer The primary layer provides coverage for professional liability up to $1,000,000 per occurrence and $3,000,000 in the aggregate, and for general liability up to $1,000,000 per occurrence and in the aggregate The primary layer has a $25,000 deductible The purchased layer includes an umbrella layer with up to $5,000,000 coverage per occurrence and an excess layer with an additional $10,000,000 coverage per occurrence There is no deductible for the purchased layer

Note 9 – Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location, including inpatient, outpatient, emergency, home health, and skilled nursing facility services The Hospital's programs provide the community with a broad continuum of care Expenses related to providing these services are as follows

	For the Years Ended December 31,	
	2011	2010
Medical services	$ 157,106,485	$ 151,119,219
General and administrative	18,602,894	19,924,286
Total	$ 175,709,379	$ 171,043,505

Note 10 – Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are generally insured under third-party payor agreements Concentrations of patient accounts receivable at December 31, 2011 and 2010 include the following

	December 31,	
	2011	2010
Medicare	22%	22%
Medicaid	4	4
Commercial insurance	52	52
Other third-party payors	2	1
Self-pay and medically indigent	20	21
Total	100%	100%

Management does not believe there are significant credit risks associated with the above payors, other than the self-pay and medically indigent category Further, management continually monitors and adjusts reserves and allowances associated with these receivables Patient accounts receivable are reported net of allowances for doubtful accounts, contractual adjustments, and medically indigent allowances

Note 11 – Commitments and Contingencies

Litigation

The Hospital has been named as a defendant in various claims Although the outcome of these claims is uncertain, hospital management, based on advice from legal counsel, believes that these claims will be resolved within the limits of insurance coverage

Loan Guarantee

The Hospital is the guarantor of a note payable held by Tri Town Medical Campus The balance of this note payable was approximately $3,327,000 at December 31, 2011

Minimum Rental Payments

The Hospital leases space and equipment under operating leases, which require minimum rental payments, and additional charges for common area maintenance, utilities, and other costs, as follows

Year Ending December 31,	
2012	$ 1,320,000
2013	1,090,000
2014	925,000
2015	767,000
2016	745,000
	$ 4,847,000

Rental expense under operating leases totaled approximately $2,572,000 and $2,670,000 for the years ended December 31, 2011 and 2010, respectively

Laws and Regulations

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not necessarily limited to, matters such as licenses, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed Management believes that the Hospital is in compliance with all regulations related to fraud and abuse, as well as other applicable government laws and regulations Compliance with such laws and regulations is subject to government review and interpretation as well as regulatory actions unknown or unasserted at this time

Note 12 – Group Health Insurance and Self-Insured Risks

The Hospital is self-insured for employee health coverage The Hospital purchases network and administrative services from a commercial insurer The Hospital has also purchased stop-loss coverage for employee claims in excess of $180,000 and $150,000 per year for 2011 and 2010, respectively The claims payable liability as of December 31, 2011 and 2010 was $796,000 and $982,000, respectively, and is a component of accrued salaries, wages, and employee benefits in the consolidated balance sheets The Hospital maintains self-insurance for dental and vision expenses of its employees and their dependents who work 32 hours or more each week

Note 13 – Fair Value of Financial Instruments

The Hospital reports the fair value of financial instruments based on available market information and other valuation methodologies Fair value measurement inputs are categorized according to a three-level hierarchy The hierarchy prioritizes the inputs used by the Hospital's valuation techniques A level is assigned to each fair value measurement based on the lowest-level input that is significant to the fair value measurement in its entirety The three levels of the fair value hierarchy are defined as follows

Level 1 Unadjusted quoted prices for identical assets in active markets that are accessible at the measurement date

Level 2 Prices or valuations based on quoted prices in active markets for similar assets, quoted prices for identical or similar assets in inactive markets, inputs other than quotable that are absolute for the assets, or inputs derived principally from or corroborated by observable market data by correlation or other means

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The Hospital's financial instruments that are required to be reported within the hierarchy include investments reported as assets limited as to use, and are categorized as Level 2

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments

Cash and cash equivalents – The carrying amount reported in the consolidated balance sheets for cash and cash equivalents approximates fair value

Assets limited as to use – Fair values of corporate commercial paper, U S government agency securities, Treasury securities, and certificates of deposit are based on quoted market prices if available or estimated using quoted market prices for similar securities The carrying amount reported in the consolidated balance sheets approximates fair value

Note 13 – Fair Value of Financial Instruments (continued)

Accounts payable and accrued salaries, wages, and employee benefits – The carrying amounts reported in the consolidated balance sheets approximate fair value

Estimated payable to contractual agencies – The carrying amount reported in the consolidated balance sheets for estimated payable to contractual agencies approximates fair value

Long-term debt – Fair values of the Hospital's revenue bonds are based on current traded prices The estimated fair value of long-term debt was approximately $96,248,000 and $91,249,000 as of December 31, 2011 and 2010, respectively

There were no changes to the Hospital's valuation techniques during the year

Note 14 – Net Assets Released from Restriction

The Hospital reports gifts of cash and other assets as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated purpose restriction is accomplished, temporarily restricted net assets are reduced and reported in the consolidated statements of operations as net assets released from restrictions Net assets were released from donor restrictions during 2011 and 2010 by incurring expenses satisfying the restricted purposes and/or by occurrence of other events specified by donors as follows

	For the Years Ended December 31,	
	2011	2010
Fixed assets	$ 15,130	$ 51,703
Total net assets released from restriction	$ 15,130	$ 51,703

Note 15 – Temporarily Restricted Net Assets

Temporarily restricted net assets represent contributions restricted for a future period or for the following specific purposes

	December 31,	
	2011	2010
Emergency department	$ 135,205	$ 121,705
Lion's project eye care	16,439	16,439
	$ 151,644	$ 138,144

Note 15 – Temporarily Restricted Net Assets (continued)

Temporarily restricted net assets held by the Foundation are for the following purposes

	December 31, 2011	December 31, 2010
Unrestricted	$ 2,601,041	$ 2,536,338
Professional education	317,976	299,410
Clinical care	39,762	34,299
Cancer care	32,068	29,703
Birthplace	18,225	18,370
Intensive care unit	10,308	8,034
Other hospital programs	107,569	102,821
	$ 3,126,949	$ 3,028,975

Note 16 – Subsequent Events

The Hospital has evaluated subsequent events through April 17, 2012, the date the consolidated financial statements were available to be issued, and has determined that there are no subsequent events to be reported

SUPPLEMENTARY INFORMATION

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Balance Sheet
December 31, 2011

	Longmont United Hospital, Inc	UMB	LULH, LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated
Assets							
Current assets							
Cash and cash equivalents	$ 11,538,904	$ 112,643	$ 2,038	$ 8,396	$ 5,098	$ -	$ 11,667,079
Assets limited as to use required for current liabilities	3,634,969	-	-	-		-	3,634,969
Patient accounts receivable, net	20,346,021	-	-	-	15,494	-	20,361,515
Contributions receivable	256,683	-	-	-	-	-	256,683
Receivables from related parties	46,943	-	-	-	-	(14,572)	32,371
Interest receivable	18,098	-	-	-	-	-	18,098
Supplies inventory	5,160,013	-	-	-	89,671	-	5,249,684
Prepaid expenses and other	3,218,738	10	-	20,750	-	-	3,239,498
Total current assets	44,220,369	112,653	2,038	29,146	110,263	(14,572)	44,459,897
Assets limited as to use							
Board-designated for funded depreciation	70,625,161	-	-	-	-	-	70,625,161
Restricted by bond indenture	5,118,373	-	-	-	-	-	5,118,373
	75,743,534	-	-	-	-	-	75,743,534
Less amount required for current liabilities	(3,634,969)	-	-	-	-	-	(3,634,969)
Total assets limited as to use	72,108,565	-	-	-	-	-	72,108,565
Contributions receivable	135,205	-	-	-	-	-	135,205
Land, buildings, and equipment, net	102,511,800	-	-	5,324,645	283,854	(82,748)	108,037,551
Other assets							
Notes receivable	261,379	-	-	-	-	-	261,379
Other investments	5,634,125	-	197,883	-	(579,763)	(929,850)	4,322,395
Bond issuance costs, net	1,902,174	-	-	-	-	-	1,902,174
Net assets held by Longmont United Hospital Foundation	3,126,949	-	-	-	-	-	3,126,949
Total assets	$ 229,900,566	$ 112,653	$ 199,921	$ 5,353,791	$ (185,646)	$ (1,027,170)	$ 234,354,115
Liabilities and Net Assets							
Current liabilities							
Accounts payable	$ 11,287,489	$ 117,985	$ -	$ 37,129	$ -	$ (97,320)	$ 11,345,283
Accrued salaries, wages, and employee benefits	5,616,256	-	-	4,836	12,924	-	5,634,016
Accrued interest	359,969	-	-	7,306	-	-	367,275
Estimated payable to contractual agencies	3,704,409	-	-	-	-	-	3,704,409
Current installments of long-term debt	3,275,000	-	-	215,717	-	-	3,490,717
Other liabilities	58,276	-	-	107,938	-	-	166,214
Total current liabilities	24,301,399	117,985		372,926	12,924	(97,320)	24,707,914
Long-term debt, net of current installments	87,315,997	-	-	4,250,935	-	-	91,566,932
Total liabilities	111,617,396	117,985	-	4,623,861	12,924	(97,320)	116,274,846
Commitments and contingencies							
Net assets							
Unrestricted	115,004,577	(5,332)	199,921	729,930	(198,570)	(929,850)	114,800,676
Temporarily restricted							
Held by Longmont United Hospital, Inc	151,644	-	-	-	-	-	151,644
Held by Longmont United Hospital Foundation	3,126,949	-	-	-	-	-	3,126,949
Total temporarily restricted net assets	3,278,593	-	-	-	-	-	3,278,593
Total net assets	118,283,170	(5,332)	199,921	729,930	(198,570)	(929,850)	118,079,269
Total liabilities and net assets	$ 229,900,566	$ 112,653	$ 199,921	$ 5,353,791	$ (185,646)	$ (1,027,170)	$ 234,354,115

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Balance Sheet
December 31, 2010

	Longmont United Hospital, Inc	UMB	LULH, LLC	Le Deauville	Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ 16,024,477	$ 107,418	$ 2,034	$ 5,196	$ -	$ 16,139,125
Assets limited as to use required for current liabilities	3,497,477	-	-	-	-	3,497,477
Patient accounts receivable, net	22,594,330	-	-	-	-	22,594,330
Contributions receivable	194,438	-	-	-	-	194,438
Receivables from related parties	34,721	-	-	-	(14,524)	20,197
Interest receivable	42,983	-	-	-	-	42,983
Supplies inventory	5,982,881	-	-	-	-	5,982,881
Provider fee receivable	-	-	-	-	-	-
Prepaid expenses and other	2,469,127	-	-	23,298	-	2,492,425
Total current assets	50,840,434	107,418	2,034	28,494	(14,524)	50,963,856
Assets limited as to use						
Board-designated for funded depreciation	62,291,155	-	-	-	-	62,291,155
Restricted by bond indenture	5,113,100	-	-	-	-	5,113,100
	67,404,255	-	-	-	-	67,404,255
Less amount required for current liabilities	(3,497,477)	-	-	-	-	(3,497,477)
Total assets limited as to use	63,906,778					63,906,778
Contributions receivable	121,705	-	-	-	-	121,705
Land, buildings, and equipment, net	106,051,595	-	-	5,492,645	(58,488)	111,485,752
Other assets						
Notes receivable	279,163	-	-	-	-	279,163
Other investments	4,747,135	-	159,902	-	(925,169)	3,981,868
Bond issuance costs, net	2,027,699	-	-	-	-	2,027,699
Net assets held by Longmont United Hospital Foundation	3,028,975	-	-	-	-	3,028,975
Total assets	$ 231,003,484	$ 107,418	$ 161,936	$ 5,521,139	$ (998,181)	$ 235,795,796
Liabilities and Net Assets						
Current liabilities						
Accounts payable	$ 13,908,793	$ 86,988	$ -	$ 30,610	$ (73,012)	$ 13,953,379
Accrued salaries, wages, and employee benefits	5,885,828	-	-	-	-	5,885,828
Accrued interest	372,477	-	-	14,482	-	386,959
Estimated payable to contractual agencies	3,192,000	-	-	-	-	3,192,000
Current installments of long-term debt	3,125,000	-	-	134,721	-	3,259,721
Other liabilities	57,832	-	-	101,081	-	158,913
Total current liabilities	26,541,930	86,988	-	280,894	(73,012)	26,836,800
Long-term debt, net of current installments	90,626,483	-	-	4,477,012	-	95,103,495
Total liabilities	117,168,413	86,988	-	4,757,906	(73,012)	121,940,295
Commitments and contingencies						
Net assets						
Unrestricted	110,667,952	20,430	161,936	763,233	(925,169)	110,688,382
Temporarily restricted						
Held by Longmont United Hospital, Inc	138,144	-	-	-	-	138,144
Held by Longmont United Hospital Foundation	3,028,975	-	-	-	-	3,028,975
Total temporarily restricted net assets	3,167,119	-	-	-	-	3,167,119
Total net assets	113,835,071	20,430	161,936	763,233	(925,169)	113,855,501
Total liabilities and net assets	$ 231,003,484	$ 107,418	$ 161,936	$ 5,521,139	$ (998,181)	$ 235,795,796

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Statement of Operations
For the Year Ended December 31, 2011

	Longmont United Hospital, Inc	UMB	LULH, LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated
Unrestricted revenue							
Net patient service revenue	$ 173,572,961	$ -	$ -	$ -	$ 19,713	$ -	$ 173,592,674
Other operating revenue	3,204,342	410,755	-	742,812	-	(422,974)	3,934,935
Total unrestricted revenue	176,777,303	410,755	-	742,812	19,713	(422,974)	177,527,609
Expenses							
Salaries, wages, and employee benefits	74,880,749	-	-	131,571	161,249	-	75,173,569
Supplies and other	62,742,017	436,628	-	389,924	55,830	(422,974)	63,201,425
Specialists' fees	6,295,945	-	-	-	-	-	6,295,945
Depreciation	10,232,693	-	-	168,000	1,205	-	10,401,898
Interest and amortization	4,550,120	-	-	216,684	-	-	4,766,804
Provision for uncollectible patient accounts	15,869,738	-	-	-	-	-	15,869,738
Total expenses	174,571,262	436,628	-	906,179	218,284	(422,974)	175,709,379
Income from operations	2,206,041	(25,873)	-	(163,367)	(198,571)	-	1,818,230
Other income							
Investment income and other, net	2,148,327	110	37,974	53	-	125,340	2,311,804
Excess (deficit) of unrestricted revenue over (under) expenses	4,354,368	(25,763)	37,974	(163,314)	(198,571)	125,340	4,130,034
Other changes in unrestricted net assets							
Net assets released from restrictions used for purchase of property and equipment	15,130	-	-	-	-	-	15,130
Unrealized gain (loss) on investments	(32,870)	-	-	-	-	-	(32,870)
Change in unrestricted net assets	$ 4,336,628	$ (25,763)	$ 37,974	$ (163,314)	$ (198,571)	$ 125,340	$ 4,112,294

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Statement of Operations
For the Year Ended December 31, 2010

	Longmont United Hospital, Inc	UMB	LULH, LLC	Le Deauville	Eliminations	Consolidated
Unrestricted revenue						
Net patient service revenue	$ 172,488,710	$ -	$ -	$ -	$ -	$ 172,488,710
Other operating revenue	3,074,422	422,470	-	722,780	(433,503)	3,786,169
Total unrestricted revenue	175,563,132	422,470	-	722,780	(433,503)	176,274,879
Expenses						
Salaries, wages, and employee benefits	74,101,223	-	-	123,923	-	74,225,146
Supplies and other	57,438,822	414,035	-	321,595	(433,503)	57,740,949
Specialists' fees	5,875,114	-	-	-	-	5,875,114
Depreciation	11,648,138	-	-	168,000	-	11,816,138
Interest and amortization	4,828,342	-	-	312,814	-	5,141,156
Provision for uncollectible patient accounts	16,245,002	-	-	-	-	16,245,002
Total expenses	170,136,641	414,035	-	926,332	(433,503)	171,043,505
Income from operations	5,426,491	8,435	-	(203,552)	-	5,231,374
Other income						
Investment income and other, net	1,715,821	115	23,601	154	179,796	1,919,487
Excess (deficit) of unrestricted revenue over (under) expenses	7,142,312	8,550	23,601	(203,398)	179,796	7,150,861
Other changes in unrestricted net assets						
Net assets released from restrictions used for purchase of property and equipment	51,703	-	-	-	-	51,703
Unrealized gain (loss) on investments	64,324	-	-	-	-	64,324
Change in unrestricted net assets	$ 7,258,339	$ 8,550	$ 23,601	$ (203,398)	$ 179,796	$ 7,266,888