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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
LONGMONT, CO 80501

D Employer identification number
84-0460697

E Telephone number
(303) 651-5023

G Gross receipts $ 198,878,650

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

Activities & Governance

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**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,487
6	Total number of volunteers (estimate if necessary)	**6**	608
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	23,781
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	21,680

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	99,230	102,680
9	Program service revenue (Part VIII, line 2g)	179,918,166	186,110,077
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,242,839	969,987
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,240,763	2,564,552
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,500,998	189,747,296
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	263,040	235,720
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)	78,664,860	85,567,084
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)	102,405,517	106,988,349
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	181,333,417	192,791,153
19	Revenue less expenses Subtract line 18 from line 12	3,167,581	-3,043,857

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	249,416,403	241,123,333
21	Total liabilities (Part X, line 26)	127,576,523	123,868,786
22	Net assets or fund balances Subtract line 21 from line 20	121,839,880	117,254,547

Net Assets or Fund Balances

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

****** | 2014-11-04
Signature of officer | Date

MITCHELL C CARSON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CRAIG R CHOUN				P00173718

Firm's name ▶ EKS&H LLLP | Firm's EIN ▶ 46-1497033

Firm's address ▶ 7979 E TUFTS AVENUE SUITE 400
DENVER, CO 802372521 | 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 or note to any line 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 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 $ 170,731,403 including grants of $ 235,720) (Revenue $ 186,110,077)

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/ABOUTUS 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 ▶ 170,731,403

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	211		
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	1,487		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
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" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) RICHARD LYONS CHAIRPERSON	5 00	X		X				0	0	0
(2) CLAIR VOLK VICE-CHAIRPERSON	5 00	X		X				0	0	0
(3) TOM CHAPMAN SECRETARY	5 00	X		X				0	0	0
(4) MIKE KIRKLAND TREASURER	5 00	X		X				0	0	0
(5) CHARLOTTE TYSON ASST SEC-TREASURER	5 00	X		X				0	0	0
(6) DAN GUST FORMER CHAIRPERSON	5 00	X						0	0	0
(7) E PATRICIA GILL BOARD MEMBER	5 00	X						25,380	0	0
(8) MARK HINMAN BOARD MEMBER	5 00	X						0	0	0
(9) MARK PILLMORE BOARD MEMBER	5 00	X						0	0	0
(10) EDWINA SALAZAR BOARD MEMBER	5 00	X						0	0	0
(11) MITCHELL C CARSON PRESIDENT AND CEO	40 00	X		X				573,519	0	150,622
(12) NEIL BERTRAND CFO	40 00			X				285,174	0	88,629
(13) CAROL SMITH VP LEGAL/REGULATORY AFFFAIRS	40 00				X			223,200	0	63,173
(14) WARREN LAUGHLIN VP HUMAN RESOUCES	40 00				X			179,086	0	52,631
(15) DANIEL FRANK CONTROLLER	40 00				X			155,823	0	38,953
(16) NANCY DRISCOLL CHIEF NURSING OFFICER	40 00				X			217,720	0	57,467
(17) REBECCA HERMAN VP CLINICAL SUPPORT SERVICES	40 00				X			196,359	0	53,292

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JOHN IVES DIRECTORY PHARMACY	40 00				X			156,120	0	21,404
(19) MURRY DRESCHER MILESTONE PHYSICIAN	40 00					X		655,647	0	30,534
(20) AMY JOHNSON MILESTONE PHYSICIAN	40 00					X		545,313	0	18,727
(21) HEATHER KEENE MILESTONE PHYSICIAN	40 00					X		512,710	0	17,227
(22) RUSSELL REITINGER MILESTONE PHYSICIAN	40 00					X		396,409	0	24,103
(23) LAURA BUTLER MILESTONE PHYSICIAN	40 00					X		306,677	0	19,530

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	4,429,137	0	636,292

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 ▶ 76

			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	1,107,207
LONGMONT CLINIC PC 1925 MOUNTAIN VIEW AVENUE LONGMONT CO 80501	MEDICAL	859,205
THE CHILDREN'S HOSPITAL 13123 EAST 16TH AVENUE AURORA CO 80045	MEDICAL	788,400
MAYO MEDICAL LABORATORIES PO BOX 9146 MINNEAPOLIS MN 554809146	MEDICAL	737,975
LONGMONT HOSPITALIST GROUP PO BOX 17004 DENVER CO 802170004	MEDICAL	668,895

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 ▶ 26

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 23,050				
	d Related organizations	1d 79,630				
	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		102,680			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE	621990	185,487,343	185,487,343		
	b HEALTH CTR THERAPY	621990	423,317	423,317		
	c HEALTH & WELLNESS CTR	621990	199,417	199,417		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		186,110,077			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		913,385			913,385
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	1,644,519				
	b Less rental expenses	1,117,657				
	c Rental income or (loss)	526,862				
	d Net rental income or (loss)		526,862	526,862		
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7,941,000 / 111,637				
	b Less cost or other basis and sales expenses	7,849,009 / 147,026				
	c Gain or (loss)	91,991 / -35,389				
	d Net gain or (loss)		56,602			56,602
	8a Gross income from fundraising events (not including $ 23,050 of contributions reported on line 1c) See Part IV, line 18	a 12,390				
	b Less direct expenses	b 17,662				
	c Net income or (loss) from fundraising events		-5,272			-5,272
	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	739,434			739,434
	b INC FROM RELATED ORGS	621990	479,373			479,373
	c UBIT FROM K-1	541519	23,781		23,781	
	d All other revenue		800,374			800,374
	e **Total.** Add lines 11a–11d		2,042,962			
	12 **Total revenue.** See Instructions		189,747,296	186,636,939	23,781	2,983,896

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)

Check if Schedule O contains a response or note to any line 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	235,720	235,720		
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	2,513,171	702,362	1,810,809	
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	68,389,478	60,677,816	7,711,662	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	702,012	618,453	83,559	
9 Other employee benefits	9,183,476	8,091,268	1,092,208	
10 Payroll taxes	4,778,947	4,107,723	671,224	
11 Fees for services (non-employees)				
a Management				
b Legal	184,645		184,645	
c Accounting	109,151		109,151	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	922,282	827,763	94,519	
12 Advertising and promotion	813,975		813,975	
13 Office expenses	6,441,606	5,516,325	925,281	
14 Information technology	3,903,884	2,842,692	1,061,192	
15 Royalties				
16 Occupancy	1,827,254		1,827,254	
17 Travel	226,438	194,634	31,804	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,328,399	3,591,380	737,019	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,030,216	9,365,560	1,664,656	
23 Insurance	1,130,985		1,130,985	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	27,000,602	26,318,907	681,695	
b BAD DEBT	19,126,874	19,126,874		
c PURCHASED SERVICES	7,428,468	6,528,485	899,983	
d PHYSICIAN FEES	7,072,263	7,072,263		
e All other expenses	15,441,307	14,913,178	528,129	
25 **Total functional expenses.** Add lines 1 through 24e	192,791,153	170,731,403	22,059,750	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,672,720	1	9,448,065
	2	Savings and temporary cash investments		25,125,265	2	14,798,877
	3	Pledges and grants receivable, net		496,793	3	393,920
	4	Accounts receivable, net		21,489,412	4	25,250,750
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		244,425	7	223,317
	8	Inventories for sale or use		4,453,576	8	4,183,315
	9	Prepaid expenses and deferred charges		3,666,837	9	5,341,429
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 248,764,763			
	b	Less accumulated depreciation	10b 132,966,783	106,007,716	10c	115,797,980
	11	Investments—publicly traded securities		63,924,958	11	54,983,429
	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		10,334,701	15	10,702,251
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		249,416,403	16	241,123,333
Liabilities	17	Accounts payable and accrued expenses		17,590,447	17	20,660,161
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		87,280,509	20	82,896,321
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		19,250,949	23	19,027,140
	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		3,454,618	25	1,285,164
	26	**Total liabilities.** Add lines 17 through 25		127,576,523	26	123,868,786
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		118,280,728	27	113,385,905
	28	Temporarily restricted net assets		3,559,152	28	3,868,642
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		121,839,880	33	117,254,547
	34	Total liabilities and net assets/fund balances		249,416,403	34	241,123,333

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	189,747,296
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,791,153
3	Revenue less expenses Subtract line 2 from line 1	3	-3,043,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,839,880
5	Net unrealized gains (losses) on investments	5	-1,827,183
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	285,707
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	117,254,547

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LONGMONT UNITED HOSPITAL

Employer identification number
84-0460697

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 function 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		12,023
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?		No	
j	Total Add lines 1c through 1i			12,023
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES - PART II-B, LINE 1F	PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION FOR LOBBYING EXPENSES $6,425 PORTION OF DUES PAID TO THE COLORADO HOSPITAL ASSOCIATION FOR LOBBYING EXPENSES $5,598

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		145,753,788	71,116,083	74,637,705
c Leasehold improvements				
d Equipment		78,163,978	61,850,700	16,313,278
e Other		19,120,681		19,120,681
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				115,797,980

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
MEDICARE SETTLEMENT	1,285,164
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,285,164

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	170,715,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,827,183		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-17,204,156		
e	Add lines **2a** through **2d**			2e	-19,031,339
3	Subtract line **2e** from line **1**			3	189,747,296
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	189,747,296

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	175,318,952
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 XIII)	2d	-17,472,201		
e	Add lines **2a** through **2d**			2e	-17,472,201
3	Subtract line **2e** from line **1**			3	192,791,153
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	192,791,153

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF DECEMBER 31, 2013 AND 2012 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, 2013 AND 2012 TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2010 THROUGH THE CURRENT PERIOD FOR THE FEDERAL RETURNS AND 2009 THROUGH THE CURRENT PERIOD FOR THE COLORADO RETURNS
PART XI, LINE 2D - OTHER ADJUSTMENTS	UMB REVENUE 466,303 RENTAL EXPENSES 1,117,657 FUNDRAISING EVENT EXPENSES 17,662 CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF 309,488 LOSS ON SALE OF ASSETS 35,389 UNRELATED BUSINESS INCOME FROM K-1 -23,781 BAD DEBT EXPENSE -19,126,874
PART XII, LINE 2D - OTHER ADJUSTMENTS	UMB TOTAL EXPENSES 483,965 RENTAL EXPENSES 1,117,657 FUNDRAISING EVENT EXPENSES 17,662 LOSS FROM SALE OF ASSETS 35,389 BAD DEBT EXPENSE -19,126,874

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (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	35,440			35,440
	2 Less Contributions	23,050			23,050
	3 Gross income (line 1 minus line 2)	12,390			12,390
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,260			8,260
	7 Food and beverages	8,260			8,260
	8 Entertainment				
	9 Other direct expenses	1,142			1,142
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(17,662)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-5,272

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 Subtract line 7 from line 1, 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 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310002294

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LONGMONT UNITED HOSPITAL

Employer identification number
84-0460697

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,029,000	5,270,000	5,759,000	3 290 %
b Medicaid (from Worksheet 3, column a)			28,063,000	20,655,000	7,408,000	4 240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			39,092,000	25,925,000	13,167,000	7 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		1,102	663,000		663,000	0 380 %
f Health professions education (from Worksheet 5)			1,955,000		1,955,000	1 120 %
g Subsidized health services (from Worksheet 6)			17,580,000	8,756,000	8,824,000	5 050 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			249,000		249,000	0 140 %
j **Total.** Other Benefits		1,102	20,447,000	8,756,000	11,691,000	6 690 %
k **Total.** Add lines 7d and 7j		1,102	59,539,000	34,681,000	24,858,000	14 220 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			17,000		17,000	0 010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			17,000		17,000	0 010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other			5,000		5,000	0 %
10 **Total**			39,000		39,000	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 Explain in Part VI the methodology used by the organization to estimate this amount	2	6,184,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	500,000		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	53,476,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,464,000
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,988,000
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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 LMC-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 6 LUH ORTHOPEDIC & SPINE CO-MGT	MANAGEMENT SERVICES	27 780 %		72 220 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group LONGMONT UNITED HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFO			
b	☑ Other website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFORMATI			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	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			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**	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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 3 BROAD INPUT WAS RECEIVED FROM THE COMMUNITY IN MULTIPLE FORMS AND VENUES EXAMPLES OF THIS INPUT INCLUDE THE EXECUTIVE DIRECTOR OF THE LONGMONT COMMUNITY FOUNDATION, THE EXECUTIVE DIRECTOR OF THE OUR CENTER (AN ORGANIZATION THAT PROVIDES EMERGENCY SERVICES TO HELP PEOPLE THROUGH SHORT-TERM FINANCIAL CRISES AND ALSO WORKS IN PARTNERSHIP WITH OUR CLIENTS TO DEVELOP CASE PLANS FOR THOSE NEEDING LONGER-TERM ASSISTANCE WITH A MOVEMENT TOWARDS SELF-SUFFICIENCY), SEVERAL MEMBERS OF THE LONGMONT SENIOR CENTER INCLUDING SOCIAL WORKERS AND CENTER COORDINATORS, A FOCUS GROUP OF 12 RANDOMLY SELECTED COMMUNITY MEMBERS FROM THE LONGMONT UNITED HOSPITAL SERVICE AREA, ETC THE INPUT WE RECEIVED WAS USED TO IDENTIFY COMMUNITY HEALTH NEEDS AND ITEMS TO PRIORITIZE OUR EFFORTS TO IMPROVE OUR OUTREACH SPECIFIC INDIVIDUALS ARE LISTED BELOW * NAMINO GLANTZ, HEALTH PLANNER, BOULDER COUNTY PUBLIC HEALTH DEPARTMENT* CINDY KRONAUGE, DATA SPECIALIST, WELD COUNTY DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT* EDWINA SALAZAR, EXECUTIVE DIRECTOR, OUR CENTER * VERONICA ORONA, PROGRAM DIRECTOR, OUR CENTER * SANDY STEWART, DAY SHELTER COORDINATOR, OUR CENTER * MICHELLE BOWMAN, DIRECTOR OF PATIENT CARE, PRESTIGE PLUS / LONGMONT SENIOR CENTER * PEGGY ARNOLD, PRESTIGE PLUS, PRESTIGE PLUS / LONGMONT SENIOR CENTER * RUTH WAUKAU, SENIOR SERVICES RESOURCES COORDINATOR, SENIOR CENTER * VERONICA GARCIA, SENIOR SERVICES RESOURCE SPECIALIST, SENIOR CENTER * ELEANOR MONTOUR, SENIOR SERVICES RESOURCE SPECIALIST, SENIOR CENTER FURTHER INFORMATION ON THE OUR CENTER CAN BE FOUND AT HTTP //WWW OURCENTER ORG/
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 20D WE USE THE CICP COPAYMENT AMOUNTS FOR INCOME UP TO 250% OF FPL AND AN EXTRAPOLATION OF THOSE AMOUNTS FOR INCOME UP TO 300% OF FPL
PART V, SECTION B, LINE 5	HOSPITAL FACILITY'S WEBSITE (LIST URL) HTTP //WWW LUHCARES ORG/ABOUT/COMMUNITYHEALTHNEEDSASSESSMENT ASPXOTHER WEBSITE (LIST URL) HTTP //WWW BOULDERCOUNTY ORG/DEPT/PUBLICHEALTH/PAGES/HEALTHDATA ASPX?HCN=%2FINDEX PHP%3FMODULE%3DTRACKERS%26FUNC%3DDISPLAY%26TID%3D1001%26HCNEMBEDREDIRECT_%3D1

Part V Facility Information *(continued)*

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **8**

	Name and address	Type of Facility (describe)
1	MILESTONE MEDICAL GROUP OBGYN 2030 MOUNTAIN VIEW AVE SUITE 400 LONGMONT,CO 80501	PHYSICIAN PRACTICE
2	MILESTONE MEDICAL GROUP - LYONS 303 MAIN ST UNIT C LYONS,CO 80540	PHYSICIAN PRACTICE
3	MILESTONE MEDICAL GROUP - NIWOT 6800 79TH ST SUITE 102 NIWOT,CO 80503	PHYSICIAN PRACTICE
4	MILESTONE MEDICAL GROUP - BERTHOUD 649 MOUNTAIN AVE BERTHOUD,CO 80513	PHYSICIAN PRACTICE
5	MILESTONE MEDICAL GROUP INTERNAL MED 2030 MOUNTAIN VIEW AVE SUITE 310 LONGMONT,CO 80501	PHYSICIAN PRACTICE
6	MILESTONE MEDICAL GROUP CARDIOLOGY 2030 MOUNTAIN VIEW AVE SUITE 310 LONGMONT,CO 80501	PHYSICIAN PRACTICE
7	MILESTONE MEDICAL GROUP - LONGMONT 2030 MOUNTAIN VIEW AVE SUITE 310 LONGMONT,CO 80501	PHYSICIAN PRACTICE
8	MILESTONE MEDICAL GROUP - FREDERICK 4943 HIGHWAY 52 FREDERICK,CO 80514	PHYSICIAN PRACTICE
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

Form and Line Reference	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
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 19,126,874

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE PER FORM 990 REMOVED FROM THE DENOMINATOR = $19,126,874
PART II, COMMUNITY BUILDING ACTIVITIES	LONGMONT UNITED HOSPITAL FURTHERS THE PURPOSE OF COMMUNITY BENEFIT WITH THE FOLLOWING *GOVERNING BODYTHE BOARD OF DIRECTORS ESTABLISHED AND MAINTAINS LONGMONT UNITED HOSPITAL FOR THE CARE OF ALL PERSONS SUFFERING FROM ANY ILLNESS OR DISABILITY REQUIRING HOSPITAL CARE ALL DIRECTORS ARE A REPRESENTATIVE OF THE LONGMONT UNITED HOSPITAL SERVICE AREA EXCEPT FOR CEO, THE VOLUNTEER BOARD DOES NOT HAVE EMPLOYEES OR CONTRACTORS OF THE HOSPITAL RESIDING ON IT THE BOARD IS REPRESENTATIVE OF THE COMMUNITIES IT SERVES *SURPLUS FUNDSTHE BOARD OF DIRECTORS ADHERES TO INVESTING SURPLUS FUNDS TO IMPROVE PATIENT CARE, OFFER MEDICAL EDUCATION AND SUPPORT RESEARCH *ADVOCACY, INVOLVEMENT, FINANCIAL SUPPORT TO THE COMMUNITY LONGMONT UNITED HOSPITAL *LONGMONT UNITED HOSPITAL PROVIDES THE HIGHEST PERCENTAGE OF CHARITY CARE IN BOULDER COUNTY *WORKS WITH COLLEGES AND UNIVERSITIES TO FACILITATE PROGRAMS THAT ASSIST INDIVIDUALS IN COMPLETING THE HEALTHCARE CERTIFICATIONS LONGMONT UNITED HOSPITAL OFFERS TRAINING THAT IS NEEDED TO BEGIN WORK IN THE HEALTHCARE FIELD *OFFERS FINANCIALS ASSISTANCE AND SLIDING SCALE DISCOUNTS ACCORDING TO THE CHARITY POLICY *PARTNERS WITH ORGANIZATIONS FOCUSED ON HUMAN SERVICES, PATIENT INFORMATION SHARING, CULTURAL EDUCATION, ENVIRONMENT, HEALTH EDUCATION TO IMPROVE COMMUNITY HEALTH *PROVIDES FINANCIAL AND/OR LEADERSHIP SUPPORT TO MENTAL HEALTH SERVICES, HOSPICE CARE, SENIOR TRANSPORTATION, HIGHER AND K-12 EDUCATION, SENIOR PROGRAMS, LOW INCOME HEALTH CLINICS, ECONOMIC COUNCILS, CHAMBERS OF COMMERCE, AND FOOD SHARE PROGRAMS *PROVIDES EMERGENCY CARE TO ALL PERSONS REGARDLESS OF ABILITY TO PAY *PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE AND THE COLORADO INDIGENT CARE PROGRAM

Form and Line Reference	Explanation
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
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 UNITED HOSPITAL IS NOT ABLE TO FORMALLY CALCULATE THIS AMOUNT

Form and Line Reference	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 IN THE PROVISION FOR BAD DEBTS
PART III, LINE 8	COSTING METHODOLOGY USED IN LINE 6LONGMONT USES A COST ACCOUNTING SYSTEM TO CALCULATE UNREIMBURSED COSTS OF MEDICAID SHORTFALL IN LINE 7LONGMONT DOES NOT INCLUDE MEDICARE REIMBURSEMENT SHORTFALLS AS PART OF COMMUNITY BENEFIT

Form and Line Reference	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
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 TRU COMMUNITY CARE (HOSPICE), A WOMEN'S WORK, YMCA, LIVEWELL COLORADO, LIVEWELL LONGMONT, CHAMBER OF COMMERCE, COMMUNITY FOOD SHARE, LONGMONT AREA ECONOMIC COUNCIL, SALUD FAMILY HEALTH CLINIC, VIA AND THE EDUCATION FOUNDATION FOR THE ST VRAIN VALLEY *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

Form and Line Reference	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
PART VI, LINE 4	THE COMMUNITIES THAT LONGMONT UNITED HOSPITAL SERVES ARE DESCRIBED AS FOLLOWS *GEOGRAPHIC AREA COMMUNITY BENEFIT IS PROVIDED TO COMMUNITIES IN OUR PRIMARY 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 LONGMONT UNITED HOSPITAL, A COMMUNITY NON-FOR-PROFIT HOSPITAL, IS THE ONLY HOSPITAL IN THE PRIMARY SERVICE AREA ZIP CODES80501 LONGMONT PSA80503 LONGMONT PSA80504 LONGMONT PSA80513 BERTHOUD PSA80530 FREDERICK PSA80540 LYONS PSA80520 FIRESTONE (80504) PSA80502 LONGMONT (80501) PSA80533 HYGIENE (80503) PSA80544 NIWOT (80503) PSA80514 DACONO PSA80542 MEAD PSA80516 ERIE PSA80534 JOHNSTOWN SSA80026 LAFAYETTE SSA80651 PLATTEVILLE SSA80621 FORT LUPTON SSA80538 LOVELAND SSA80301 BOULDER SSA80623 PLATTEVILLE (80651) SSA80541 LOVELAND (80537) SSA80537 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 BOULDER COUNTY TRENDS REPORT 2013 REPORTHTTP //WWW COMMFOUND ORG/TRENDSMAGAZINE *RACIAL/ETHNIC - BOULDER COUNTY 2012 *87% WHITE *14% LATINO (ANY RACE) *4% ASIAN *1% AFRICAN AMERICAN * 4% NATIVE AMERICAN *3% TWO OR MORE RACES *5% SOME OTHER RACE*HEALTH COVERAGE IN BOULDER COUNTY *RACE 52% OF LATINOS AND 91% NON-HISPANIC WHITE HAVE HEALTHCARE COVERAGE *GENDER WOMEN 91%, MEN 81% HAVE HEALTHCARE ANNUAL INCOME 95% $50K+, 81% $25K-50K, 61% <25K HAVE HEALTHCARE *88% OF THE CHILDREN HAVE HEALTH COVERAGE IN 2012 *2012 EDUCATION IN BOULDER COUNTY *A SIGNIFICANT GAP IN HIGH SCHOOL 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%) *38% OF SVVSD STUDENTS ARE ON THE FREE OR REDUCED LUNCH PROGRAM, 37% OF BVSD QUALIFY IN 2012 *ECONOMY IN BOULDER COUNTY *INDIVIDUALS BELOW POVERTY 14% *FAMILIES BELOW POVERTY 8% *CHILDREN BELOW POVERTY 13% *AN INCREASE AT THE YOUNG OR OLDER END WILL CAUSE MEDIAN HOUSEHOLD INCOME TO FALL *GROWING POVERTY AND INCOME INEQUALITY *YOUTH UNEMPLOYMENT LONG TERM PERMANENT IMPACT ON EARNINGS *HEALTH RELATED INFORMATIONSTATISTICS FROM BOULDER COMMUNITY FOUNDATION BOULDER COUNTY TRENDS REPORT 2011 & 2012PREGNANCY *23% OF WOMEN RECEIVE INITIAL PRENATAL CARE LATER THAN THE FIRST TRIMESTER OR NOT AT ALL *90% OF WOMEN ABSTAIN FROM CIGARETTE SMOKING DURING THE LAST THREE MONTHS OF PREGNANCY *9% OF BABIES ARE BORN WITH A LOW BIRTH WEIGHT (LESS THAN 5 POUNDS, 9 OUNCES) *INFANT MORTALITY RATE (5 8 INFANT DEATHS PER 1,000 LIVE BIRTHS) *65% OF PRESCHOOL-AGE CHILDREN RECEIVED ALL RECOMMENDED DOSES OF SIX KEY VACCINESCHILDREN *12% OF CHILDREN ARE NOT COVERED BY PRIVATE OR PUBLIC HEALTH INSURANCE *16% OF CHILDREN LIVE IN FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL *59% OF CHILDREN HAVE A MEDICAL HOME *77% OF CHILDREN RECEIVED ALL THE ROUTINE DENTAL PREVENTIVE CARE NEEDED IN THE PAST 12 MONTHS *64% OF SCHOOL-AGE CHILDREN PARTICIPATED IN VIGOROUS PHYSICAL ACTIVITY FOR FOUR OR MORE DAYS PER WEEK *14% OF CHILDREN ARE OBESEADOLESCENTS *11% OF ADOLESCENTS ARE NOT COVERED BY PRIVATE OR PUBLIC HEALTH INSURANCE *12% OF ADOLESCENTS LIVE IN FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL *24% OF ADOLESCENTS ATE FIVE OR MORE SERVINGS PER DAY OF FRUITS AND/OR VEGETABLES DURING THE PAST SEVEN DAYS *47% OF ADOLESCENTS PARTICIPATED IN VIGOROUS PHYSICAL ACTIVITY ON FIVE OR MORE OF THE PAST SEVEN DAYS *25% OF ADOLESCENTS HAD FIVE OR MORE DRINKS OF ALCOHOL IN A ROW ON ONE OR MORE OF THE PAST 30 DAYS *18% OF ADOLESCENTS SMOKED CIGARETTES OF ONE OR MORE OF THE PAST 30 DAYS *25% OF ADOLESCENTS FELT SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO CONSECUTIVE WEEKS DURING THE PAST 12 MONTHS THAT THEY STOPPED DOING SOME USUAL ACTIVITIES *8% OF ADOLESCENTS ATTEMPTED SUICIDE ONE OR MORE TIMES DURING THE PAST 12 MONTHS *27% OF ADOLESCENTS WERE SEXUALLY ACTIVE IN THE PAST THREE MONTHS *AMONG STUDENTS WHO HAD SEXUAL INTERCOURSE DURING THE PAST THREE MONTHS, 63% PERCENT REPORTED USING A CONDOM DURING LAST SEXUAL INTERCOURSE *TEEN FERTILITY RATE (43 4 BIRTHS TO TEEN MOTHERS PER 1,000 TEENAGE WOMEN)ADULTS *20% OF WORKING-AGE ADULTS ARE NOT COVERED BY PRIVATE OR PUBLIC HEALTH INSURANCE *77% OF ADULTS HAVE ONE (OR MORE) PERSON(S) THEY THINK OF AS THEIR PERSONAL DOCTOR OR HEALTH CARE PROVIDER *22% OF ADULTS CONSUMED FIVE OR MORE FRUITS AND/OR VEGETABLES PER DAY WITHIN THE PAST WEEK *84% OF ADULTS PARTICIPATED IN ANY PHYSICAL ACTIVITY WITHIN THE PAST MONTH *19% OF ADULTS ARE OBESE *19% OF ADULTS CURRENTLY SMOKE CIGARETTES *19% OF ADULTS BINGE DRANK (MALES HAVING FIVE OR MORE DRINKS ON ONE OCCASION, FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION) IN THE PAST MONTH *13% OF ADULTS REPORT THAT THEIR MENTAL HEALTH WAS NOT GOOD EIGHT OR MORE DAYS IN THE PAST MONTH *4% OF ADULTS REPORTED THAT THEY WERE DIAGNOSED WITH DIABETES *17% OF ADULTS REPORTED THAT THEY WERE DIAGNOSED WITH HIGH BLOOD PRESSUREHEALTHY AGING *95% OF OLDER ADULTS HAVE ONE (OR MORE) PERSON(S) THEY THINK OF AS THEIR PERSONAL DOCTOR OR HEALTH CARE PROVIDER *60% OF OLDER ADULTS HAVE HAD A FLU SHOT DURING THE PAST 12 MONTHS AND HAVE HAD A PNEUMONIA VACCINATION *75% OF OLDER ADULTS PARTICIPATED IN ANY PHYSICAL ACTIVITY IN THE PAST 30 DAYS *18% OF OLDER ADULTS REPORT THAT THEIR PHYSICAL HEALTH WAS NOT GOOD EIGHT OR MORE DAYS IN THE PAST MONTH *6% OF OLDER ADULTS REPORT THAT THEIR MENTAL HEALTH WAS NOT GOOD EIGHT OR MORE DAYS IN THE PAST MONTH *20% OF OLDER ADULTS REPORTED EIGHT OR MORE DAYS OF LIMITED ACTIVITY IN THE PAST MONTH DUE TO POOR PHYSICAL OR MENTAL HEALTHSTATISTICS CENTER OF DISEASE CONTROL AND PREVENTION *HEART DISEASE 2009 AGE OVER 35 DEATH RATES PER 100,000 BOULDER COUNTY 263, 3% DECREASE SINCE 2007LARIMER 258, 4% DECREASE SINCE 2007WELD 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 BRONCHUS 50, 3% INCREASE SINCE 2006 *DIABETES 2009 ADULTS DIAGNOSED DIABETES BOULDER COUNTY 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 *ARTHRITIS 24% OF ADULTS IN CO REPORTED BEING DIAGNOSED WITH ARTHRITIS NO INCREASE SINCE 2007 *IN CO, 16% OF THE ADULT POPULATION (AGED 18+ YEARS) 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 PROVIDES THE HIGHEST PERCENTAGE OF CHARITY CARE IN BOULDER COUNTY *SUBSIDIZING AND SUPPORTING THE 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

Form and Line Reference	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 EDUCATIONCOLLEGES 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 2012, THERE WERE 856 MEMBERS 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 LONGMONT UNITED HOSPITAL IS A STRONG SUPPORTER OF THE SALUD CLINIC, A FQHC SERVING LONGMONT AND THE SURROUNDING COMMUNITIES MILESTONE MEDICAL GROUP, PHYSICIAN GROUP EMPLOYED BY LONGMONT UNITED HOSPITAL, SEES A CONSIDERABLE AMOUNT OF MEDICAID PATIENTS WITHIN THEIR PRACTICES *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 2013, THIS INCLUDED 882,270 TRIPS ON THE HOP (PUBLIC TRANSPORTATION), 98,111 TRIPS ON ACCESS-A-RIDE AND 134,288 TRIPS ON CALL-N-RIDE ONE-WAY DEMAND-RESPONSE TRIPS WERE 116,645 WITH 20% 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 INITIATIVES, 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
PART VI, LINE 6	NOT APPLICABLE

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CO

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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) FRONT RANGE COMMUNITY COLLEGE 3645 WEST 112TH AVE WESTMINSTER,CO 80031	84-1311148	501(C)(3)	12,500				PROGRAM SUPPORT
(2) SALUD FAMILY HEALTH 203 SOUTH ROLLIE AVE FORT LUPTON,CO 80621	84-0613590	501(C)(3)	148,220				PROGRAM SUPPORT
(3) VIA MOBILITY SERVICES 2855 N 63RD ST BOULDER,CO 80301	84-0777296	501(C)(3)	32,000				PROGRAM SUPPORT

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

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Additional Data

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 PRESIDENT AND CEO	(I)	535,024	0	38,495	0	150,622	724,141	0
	(II)	0	0	0	0	0	0	0
NEIL BERTRAND CFO	(I)	277,405	0	7,769	0	88,629	373,803	0
	(II)	0	0	0	0	0	0	0
CAROL SMITH VP LEGAL/REGULATORY AFFFAIRS	(I)	216,223	0	6,977	0	63,173	286,373	0
	(II)	0	0	0	0	0	0	0
WARREN LAUGHLIN VP HUMAN RESOUCES	(I)	176,574	0	2,512	0	52,631	231,717	0
	(II)	0	0	0	0	0	0	0
DANIEL FRANK CONTROLLER	(I)	155,187	0	636	17,500	21,453	194,776	0
	(II)	0	0	0	0	0	0	0
NANCY DRISCOLL CHIEF NURSING OFFICER	(I)	209,755	0	7,965	0	57,467	275,187	0
	(II)	0	0	0	0	0	0	0
REBECCA HERMAN VP CLINICAL SUPPORT SERVICES	(I)	194,669	0	1,690	0	53,292	249,651	0
	(II)	0	0	0	0	0	0	0
JOHN IVES DIRECTORY PHARMACY	(I)	155,456	0	664	0	21,404	177,524	0
	(II)	0	0	0	0	0	0	0
MURRY DRESCHER MILESTONE PHYSICIAN	(I)	556,219	0	99,428	0	30,534	686,181	0
	(II)	0	0	0	0	0	0	0
AMY JOHNSON MILESTONE PHYSICIAN	(I)	356,284	157,013	32,016	0	18,727	564,040	0
	(II)	0	0	0	0	0	0	0
HEATHER KEENE MILESTONE PHYSICIAN	(I)	352,516	157,013	3,181	0	17,227	529,937	0
	(II)	0	0	0	0	0	0	0
RUSSELL REITINGER MILESTONE PHYSICIAN	(I)	237,022	0	159,387	0	24,103	420,512	0
	(II)	0	0	0	0	0	0	0
LAURA BUTLER MILESTONE PHYSICIAN	(I)	235,258	0	71,419	0	19,530	326,207	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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	000000000	12-19-2013	17,225,000	REFUND SERIES 2003 & PORTION OF 2006A 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	15,885,000	15,885,000	8,110,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	17,225,000	40,000,000	48,965,000	
4	Gross proceeds in reserve funds	3,851,885		3,851,885	
5	Capitalized interest from proceeds	652,846	652,846		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	150,838	174,400	620,272	
8	Credit enhancement from proceeds	1,184,195		1,184,195	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	39,172,754	39,172,754		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2008		

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		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 of bond-financed property?		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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X		X			
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART III, PRIVATE BUSINESS USE	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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LONGMONT UNITED HOSPITAL

Employer identification number
84-0460697

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

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

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

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

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

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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF 309,488 UNRELATED BUSINESS INCOME FROM K-1 - 23,781

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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	90,134	307,013	LUH
(2) LE DEAUVILLE LLC 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 20-4781464	RENTAL	CO	762,612	5,045,192	LUH
(3) MILESTONE MEDICAL GROUP 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 38-3842918	MEDICAL SERVICES	CO	4,488,478	-9,543,181	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 entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) LMC COMM LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 75-3081353	VOICE & DATA	CO	LULH LLC	UNRELATED	23,781	18,434		No	23,781	Yes		50 000 %
(2) TRI-TOWN LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 33-1035669	OFFICE LEASING	CO	LULH LLC	RELATED	66,932	1,932,125		No		Yes		50 000 %
(3) TWIN PEAKS LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 73-1656489	IMAGING	CO	LUH	RELATED	15,478	599,541		No		Yes		50 000 %
(4) LUH ORTHOPEDIC AND SPINE CO-MANAGEMENT COMPANY LLC 1950 W MTN VIEW AVE LONGMONT, CO 80501 45-4432224	MANAGEMENT SERVICES	CO	LUH	RELATED	61,069	169,046		No			No	27 780 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) UNITED MEDICAL BLDG CONDOMINIUM ASSOC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 84-1526130	CONDO ASSOCIATION	CO	LUH	C	427,972	61,687	91 780 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED MEDICAL BLDG CONDOMINIUM ASSOC	A	68,705	FMV

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Financial Statements
and
Independent Auditors' Report
December 31, 2013 and 2012

EKS&H
AUDIT | TAX | CONSULTING

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

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EKS&H
AUDIT | TAX | CONSULTING

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated financial statements of Longmont United Hospital, Inc. and Affiliates, which are comprised of the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

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 audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Longmont United Hospital, Inc. and Affiliates as of December 31, 2013 and 2012, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

REPORT ON CONSOLIDATING INFORMATION

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information on pages 28 through 31 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and changes in net assets 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 audits 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.

EKS&H LLLP

EKS&H LLLP

April 17, 2014
Denver, Colorado

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Balance Sheets

	December 31, 2013	December 31, 2012
Assets		
Current assets		
Cash and cash equivalents	$ 9,515,277	$ 13,747,413
Assets limited as to use required for current liabilities	4,495,118	4,009,257
Patient accounts receivable, net of allowance for uncollectible accounts of approximately $5,365,000 in 2013 and $4,592,000 in 2012	25,227,956	21,489,412
Contributions receivable	331,715	321,875
Receivables from related parties	22,794	22,713
Interest receivable	21,201	29,694
Supplies inventory	4,183,315	4,453,576
Prepaid expenses and other	5,341,429	3,666,837
Total current assets	49,138,805	47,740,777
Assets limited as to use		
Board-designated for funded depreciation	65,133,020	73,031,090
Restricted by bond indenture	4,649,286	16,019,133
	69,782,306	89,050,223
Less amount required for current liabilities	(4,495,118)	(4,009,257)
Total assets limited as to use	65,287,188	85,040,966
Contributions receivable	62,205	152,205
Land, buildings, and equipment, net	115,797,980	106,007,716
Other assets		
Notes receivable	223,317	244,425
Other investments	5,423,430	5,050,488
Bond issuance costs, net of accumulated amortization of $1,371,267 in 2013 and $914,042 in 2012	1,557,622	1,864,009
Net assets held by Longmont United Hospital Foundation	3,699,998	3,390,510
Total assets	$ 241,190,545	$ 249,491,096
Liabilities and Net Assets		
Current liabilities		
Accounts payable	$ 13,611,662	$ 10,899,628
Accrued salaries, wages, and employee benefits	6,687,665	6,282,983
Accrued interest	323,342	355,437
Estimated payable to contractual agencies	1,285,164	3,454,618
Current installments of long-term debt	4,171,776	3,653,820
Other	157,539	162,265
Total current liabilities	26,237,148	24,808,751
Long-term debt, net of current installments	97,751,685	102,877,638
Total liabilities	123,988,833	127,686,389
Commitments and contingencies		
Net assets		
Unrestricted	113,333,072	118,245,555
Temporarily restricted		
Held by Longmont United Hospital, Inc	168,642	168,642
Held by Longmont United Hospital Foundation	3,699,998	3,390,510
Total temporarily restricted net assets	3,868,640	3,559,152
Total net assets	117,201,712	121,804,707
Total liabilities and net assets	$ 241,190,545	$ 249,491,096

See notes to consolidated financial statements.

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Statements of Operations

	For the Years Ended December 31,	
	2013	2012
Unrestricted revenue		
Patient service revenue (net of contractual allowances and discounts)	$ 185,487,343	$ 179,314,537
Provision for bad debts	(19,126,874)	(14,850,941)
Net patient service revenue less provision for bad debts	166,360,469	164,463,596
Other operating revenue	4,273,285	3,861,224
Total unrestricted revenue	170,633,754	168,324,820
Expenses		
Salaries, wages, and employee benefits	85,567,084	78,664,859
Supplies and other	66,713,270	68,158,385
Specialists' fees	7,072,263	6,373,672
Depreciation	11,039,256	10,305,742
Interest and amortization	4,419,163	4,556,655
Total expenses	174,811,036	168,059,313
Income (loss) from operations before loss on bond refinancing	(4,177,282)	265,507
Loss on bond refinancing	(507,916)	-
Income (loss) from operations	(4,685,198)	265,507
Other income		
Investment income and other, net	1,520,268	2,800,218
Unrestricted revenue (less than) in excess of expenses	(3,164,930)	3,065,725
Other changes in unrestricted net assets		
Unrealized (loss) gain on investments	(1,827,183)	345,805
Net assets released from restrictions used for acquisition of property and equipment	79,630	33,349
Change in unrestricted net assets	$ (4,912,483)	$ 3,444,879

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, 2013	2012
Unrestricted net assets		
Unrestricted revenue (less than) in excess of expenses	$ (3,164,930)	$ 3,065,725
Unrealized (loss) gain on investments	(1,827,183)	345,805
Net assets released from restrictions used for acquisition of property and equipment	79,630	33,349
(Decrease) increase in unrestricted net assets	(4,912,483)	3,444,879
Temporarily restricted net assets		
Contributions	79,630	50,347
Net assets released from restrictions for acquisition of property and equipment	(79,630)	(33,349)
Increase in temporarily restricted net assets held by Longmont United Hospital, Inc.	-	16,998
Change in interest in net assets held by Longmont United Hospital Foundation	309,488	263,561
Total increase in temporarily restricted net assets	309,488	280,559
Change in net assets	(4,602,995)	3,725,438
Net assets, beginning of year	121,804,707	118,079,269
Net assets, end of year	$ 117,201,712	$ 121,804,707

UMB change in Net Assets	
Beg of year	-35,173
End of year	-52,835
Change	-17,662

Addback UMB EOY NA	52,835
EOY NA =	117,254,547

See notes to consolidated financial statements.

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidated Statements of Cash Flows

	December 31, 2013	December 31, 2012
Cash flows from operating activities		
Change in net assets	$ (4,602,995)	$ 3,725,438
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	11,130,020	10,393,420
Unrealized loss (gain) on investments	1,827,183	(345,805)
Provision for uncollectible patient accounts	19,126,874	14,850,941
Change in interest in net assets held by Longmont United Hospital Foundation	(309,488)	(263,561)
Loss on bond refinancing	507,916	-
Changes in operating assets and liabilities		
Patient accounts receivable	(22,865,418)	(15,978,838)
Contributions receivable	80,160	(82,192)
Receivables from related parties	(81)	9,658
Interest receivable	8,493	(11,596)
Supplies inventory	270,261	796,108
Prepaid expenses and other	(1,674,592)	(427,339)
Accounts payable	2,712,034	(445,655)
Accrued salaries, wages, and employee benefits	404,682	648,967
Accrued interest	(32,095)	(11,838)
Estimated payable to contractual agencies	(2,169,454)	(249,791)
Other liabilities	(4,726)	(3,949)
Net cash provided by operating activities	4,408,774	12,603,968
Cash flows from investing activities		
Proceeds from sale of fixed assets	111,637	43,491
Purchase of land, buildings, and equipment	(20,941,157)	(8,319,398)
Purchases of investments	(24,349,259)	(91,291,749)
Maturities of investments	30,774,560	89,231,625
Other investments	(372,942)	(728,093)
Payments on notes receivable	21,108	16,954
Net cash used in investing activities	(14,756,053)	(11,047,170)
Cash flows from financing activities		
Issuance of new debt	17,225,000	15,000,000
Debt issuance costs	(150,838)	(85,000)
Change in funds required by bond indenture	10,879,790	(10,900,760)
Repayment of long-term debt	(21,838,809)	(3,490,704)
Net cash provided by financing activities	6,115,143	523,536
(Decrease) increase in cash and cash equivalents	(4,232,136)	2,080,334
Cash and cash equivalents, beginning of year	13,747,413	11,667,079
Cash and cash equivalents, end of year	$ 9,515,277	$ 13,747,413
Supplemental disclosure of cash flow information		
Cash paid during the year for interest, net of amount capitalized	$ 4,375,562	$ 4,473,768

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, and 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 (the "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 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. As of December 31, 2013, Milestone employed fourteen physicians and seven mid-level providers in the Family Practice, OB/GYN, Internal Medicine, and Cardiology specialties. In addition, as of December 31, 2013, Milestone contracted with one additional physician and two additional mid-level providers.

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 of Directors serve on the fourteen-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, 2013 and 2012 were approximately $80,000 and $50,000, 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 for 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 and 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 include the reserve for uncollectible accounts receivable, contractual allowances under third-party reimbursement programs, net patient service revenue, provision for bad debts, 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, 2013 and 2012, 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 (under) 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, ranging from 2 to 40 years.

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, 2013 and 2012.

Other Investments

Other investments at December 31, 2013 and 2012 include an investment of approximately $959,000 and $849,000, respectively, representing LULH LLC's approximate 17% interest in LMC MOB LLC, LULH LLC's 50% interest in Tri Town Medical Campus, LLC, 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, 2013 and 2012 because the Hospital has significant influence over these entities.

Other investments at December 31, 2013 and 2012 include an investment of approximately $1,873,000 and $1,928,000, 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 leases a portion of that property to the Hospital for the purpose of operating the Indian Peaks Medical Center. See Note 5 for further details. The Hospital accounts for this investment using the equity method, because there is significant Hospital influence over CVHHC's Board of Directors.

Other investments at December 31, 2013 and 2012 include an investment of approximately $299,000 and $287,000, 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 over HCL's Board of Directors.

Other investments at December 31, 2013 and 2012 include an investment of approximately $2,106,000 and $1,812,000, respectively, representing the Hospital's interest in VHA Mountain States Healthcare Reciprocal Risk Retention Group ("VHA"). See Note 8 for further details. The Hospital accounts for this investment using the equity method.

Other investments at December 31, 2013 and 2012 include an investment of approximately $49,000 and $43,000, respectively, representing the Hospital's member equity account in VHA consulting operations. The Hospital accounts for this investment using the equity method.

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

Other Investments (continued)

Other investments at December 31, 2013 and 2012 include an investment of approximately $139,000 and $123,000, respectively, representing the Hospital's interest in Longmont United Hospital Orthopedic and Spine Co-Management Company, LLC ("Co-Management Company"), a Colorado limited liability company formed in 2012 to improve the quality, efficiency, and effectiveness of certain orthopedic and spine services provided at the Hospital. The Hospital owns approximately 38% of the shares in this organization, with the remainder of shares owned by selected physicians in the community. The Hospital accounts for this investment using the equity method, because there is significant Hospital influence over the Co-Management Company's Board of Directors.

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.

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.

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at estimated net realizable amounts from third-party payors. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the Hospital's usual and customary rates, or the discounted rates, if negotiated, and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

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

Patient Accounts Receivable (continued)

The Hospital's allowance for doubtful accounts increased approximately 17% in 2013. This increase was the result of an increase in self-pay patient accounts receivable. The Hospital did not change its charity care or uninsured discount policies during 2013 or 2012. The Hospital's allowance for doubtful accounts as of December 31, 2013 and 2012 was approximately $5,365,000 and $4,592,000, respectively, and write-offs from self-pay patients totaled approximately $19,127,000 and $14,851,000 in 2013 and 2012, respectively. The Hospital did not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

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 services are provided.

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).

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 $7,035,000 and $7,188,000 for the years ended December 31, 2013 and 2012, respectively, and is 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 in the provision for bad debts.

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

Income Taxes

The Hospital is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). However, income generated from activities unrelated to the Hospital'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 consolidated 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, 2013 and 2012. 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, 2013 and 2012. Tax years that remain subject to examination include 2010 through the current period for the federal returns and 2009 through the current period for the Colorado returns.

FIN 48 Footnote

Subsequent Events

The Hospital has evaluated all subsequent events through the auditors' report date, which is the date the consolidated financial statements were available for issuance.

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, which 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, which 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, 2009.

Note 2 - Net Patient Service Revenue (continued)

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, 2007.

Revenue from the Medicare and Medicaid programs accounted for approximately 30% and 7%, respectively, of the Hospital's net patient revenue for the year ended December 31, 2013 and 31% and 6%, respectively, of the Hospital's net patient revenue for the year ended December 31, 2012.

Colorado Healthcare Affordability Act

In March 2010, the Centers for Medicare and Medicaid Services ("CMS") approved the Colorado Healthcare Affordability Act (the "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 Hospital recognized revenue net of expenses from those additional matching funds of approximately $5,248,000 and $4,312,000 for the years ended December 31, 2013 and 2012, respectively.

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.

Net Patient Service Revenue

The Hospital recognizes patient service revenue associated with services provided to patients covered by Medicaid, Medicare, and third-party payors on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Note 2 - Net Patient Service Revenue (continued)

Net Patient Service Revenue (continued)

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 increased approximately $480,000 for the year ended December 31, 2013 and decreased approximately $191,000 for the year ended December 31, 2012, due to changes in previously estimated settlements as a result of final settlements, resolution of reviews and investigations, and prior-year retroactive adjustments.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources is as follows.

	For the Years Ended December 31,	
	2013	2012
Medicare	$ 55,042,846	$ 55,868,475
Medicaid	13,673,287	10,602,746
Other third-party payors	95,621,362	94,557,009
Self-pay	21,149,848	18,286,307
Total	$ 185,487,343	$ 179,314,537

Hospital gross patient service revenue was approximately $502,815,000 and $456,151,000 for the years ended December 31, 2013 and 2012, 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, 2013	December 31, 2012
Funded depreciation		
Cash and cash equivalents	$ 1,009,022	$ 1,005,134
Certificates of deposit	12,283,270	12,782,938
Total cash, cash equivalents, and certificates of deposit	13,292,292	13,788,072
U.S. government obligations		
Residential mortgage-backed securities	12,296,441	26,518,493
Total U.S. government obligations	12,296,441	26,518,493
Corporate obligations		
Corporate bonds	39,226,402	32,316,465
Total corporate obligations	39,226,402	32,316,465
Accrued interest	317,885	408,060
Total funded depreciation	65,133,020	73,031,090
Externally restricted by bond indentures		
Cash and cash equivalents	1,188,700	10,929,133
U.S. government obligations		
Residential mortgage-backed securities	3,460,586	5,090,000
Total U.S. government obligations	3,460,586	5,090,000
Total externally restricted by bond indentures	4,649,286	16,019,133
Total assets limited as to use	$ 69,782,306	$ 89,050,223

Include in investments-publicly traded securities SUM = 54,983,429

Components of investment income and other are as follows:

Include in savings and temporary cash investments + LULH cash and cash equiv SUM = 14,800,921

	December 31, 2013	December 31, 2012
Interest income/gains on investment sales	$ 1,005,455	$ 2,323,341
Income from affiliated and related organizations	514,813	476,877
	$ 1,520,268	$ 2,800,218

Note 3 - Assets Limited as to Use (continued)

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, 2013 and 2012:

December 31, 2013

	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	$ 13,894,387	$ (920,613)	$ 1,862,640	$ (137,360)	$ 15,757,027	$ (1,057,973)
Corporate obligations						
Corporate bonds	25,830,564	(672,497)	8,276,666	(164,155)	34,107,230	(836,652)
Total	$ 39,724,951	$ (1,593,110)	$ 10,139,306	$ (301,515)	$ 49,864,257	$ (1,894,625)

December 31, 2012

	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	$ 8,981,355	$ (18,645)	$ -	$ -	$ 8,981,355	$ (18,645)
Corporate obligations						
Corporate bonds	12,837,377	(159,672)	1,033,372	(62,573)	13,870,749	(222,245)
Total	$ 21,818,732	$ (178,317)	$ 1,033,372	$ (62,573)	$ 22,852,104	$ (240,890)

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. At maturity, all the investments are expected to have regained their unrealized losses and settle for the stated value of the investment.

Note 4 - Land, Buildings, and Equipment

Land, buildings, and equipment consist of the following:

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	December 31, 2013	December 31, 2012
Land	$ 5,726,316	$ 5,726,316
Buildings, improvements, and fixed equipment	145,753,788	142,984,034
Major movable equipment	78,163,978	71,793,652
Construction in progress	19,120,681	9,920,205
	248,764,763	230,424,207
Less accumulated depreciation		
Buildings, improvements, and fixed equipment	(71,116,083)	(65,792,650)
Major movable equipment	(61,850,700)	(58,623,841)
Land, buildings, and equipment, net	$ 115,797,980	$ 106,007,716

Note 5 - Long-Term Debt

Long-term debt consists of the following:

	December 31, 2013	December 31, 2012
Series 2013 Hospital Revenue Bonds	$ 17,225,000	$ -
Series 2006B Hospital Revenue Bonds	40,855,000	42,575,000
Series 2006A Hospital Revenue Bonds	24,115,000	35,755,000
Series 2003 Hospital Revenue Bonds	-	8,255,000
Indian Peaks Taxable Loan	15,000,000	15,000,000
Le Deauville bank loan	4,027,140	4,250,949
	101,222,140	105,835,949
Less current installments	(4,171,776)	(3,653,820)
	97,050,364	102,182,129
Plus original issue premium	701,321	695,509
Total	$ 97,751,685	$ 102,877,638

Note 5 - Long-Term Debt (continued)

Annual scheduled maturities of debt are as follows:

Year Ended December 31,	
2014	$ 4,171,776
2015	4,309,606
2016	7,770,758
2017	4,380,000
2018	4,555,000
Thereafter	76,035,000
	$ 101,222,140

Series 2003 Hospital Revenue Bonds

In December 2003, the Hospital issued $14,915,000 in Revenue Refunding Bonds ("Series 2003 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. In December 2013, the Hospital issued Series 2013 Revenue Refunding Bonds ("Series 2013 Bonds") to advance refund these Series 2003 Bonds as well as a portion of the Series 2006A Bonds. These 2003 Bonds are now deemed to have been retired.

Series 2006A Hospital Revenue 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. In December 2013, the Hospital issued Series 2013 Bonds to advance refund the Series 2003 Bonds as well as the 2014 – 2023 maturities of these Series 2006A Bonds.

Note 5 - Long-Term Debt (continued)

Series 2006B Hospital Revenue 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 ("Series 1997 Bonds") and $25,217,823 of the portion of the Series 2000 Hospital Revenue Bonds ("Series 2000 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.

2012 Indian Peaks Taxable Loan

In December 2012, the Hospital borrowed $15,000,000 from the Colorado Business Bank for the purpose of constructing the Indian Peaks Medical Center ("IPMC") on land owned by CVHHC. IPMC is a service of the Hospital and opened in late 2013. The facility offers services such as Family Medicine, Internal Medicine, Women's Services & OB-GYN, Cardiology, Sports Medicine & Orthopedics, and Imaging Services. The building is approximately 36,000 square feet, with medical office space on the second floor. The project is phase one of a four-phase master plan culminating in an acute care hospital and medical campus.

The 2012 Indian Peaks Taxable Loan will be repaid in increasing annual installments beginning in 2014 and ending in 2032. The loan bears a fixed interest rate of 3.28% through November 2019, at which time interest will be based on the one-month LIBOR plus 2.4%, subject to a 3.0% floor.

Series 2013 Hospital Revenue Bonds

In December 2013, the Hospital issued $17,225,000 in Revenue Refunding Bonds to advance refund $7,375,000 of the Series 2003 Bonds and $10,810,000 of the portion of the Series 2006A Bonds that matured between December 2014 and December 2023. The Hospital deposited $7,422,617 in an irrevocable trust in order to satisfy future Series 2003 Bond scheduled payments of principal and interest. In addition, the Hospital disbursed $10,835,674 of the Series 2013 Bond proceeds to Guaranty Bank and Trust, formerly known as Centennial Bank of the West, to satisfy Series 2006A principal maturities from December 2014 - December 2023. The Series 2013 Bonds mature in increasing annual installments through the year 2023, bear a fixed interest rate of 2.72%, and were purchased in their entirety by Key Bank. The Series 2013 Bonds are not subject to early redemption until December 2018. After that date the Series 2013 Bonds are subject to early redemption at the option of the Hospital at par. There is no advance refunding penalty or premium required after that date.

Note 5 - Long-Term Debt (continued)

Series 2013 Hospital Revenue Bonds (continued)

The Series 2003, 2006A, 2006B, and 2013 Bonds and the 2012 Indian Peaks Taxable Loan 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 2015 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, 2013 and 2012, the Hospital expensed $68,000 and $13,000, respectively, in connection with physician income guarantees.

The net physician income guarantee receivable included in other current assets totaled $133,000 and $147,000 at December 31, 2013 and 2012, respectively. All physicians are current with their obligations under these agreements.

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 $17,500 and $17,000 in 2013 or 2012, respectively. For all of fiscal years 2013 and 2012, the Hospital made a matching contribution of 25% of each employee's contribution up to a maximum of 1.50% of full-time employees' gross earnings and 0.75% of half-time employees' gross earnings. 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 $720,000 and $583,000 in 2013 and 2012, respectively.

Note 8 - Liability Insurance

The Hospital is a part of the 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, 2013. 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, 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,	
	2013	2012
Medical services	$ 151,404,199	$ 144,443,981
General and administrative	23,914,753	23,615,332
Total	$ 175,318,952	$ 168,059,313

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, 2013 and 2012 include the following:

	December 31,	
	2013	2012
Medicare	25%	27%
Medicaid	4	4
Commercial insurance	43	45
Other third-party payors	1	1
Self-pay and medically indigent	27	23
Total	100%	100%

Note 10 - Concentrations of Credit Risk (continued)

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, LLC. The balance of this note payable was approximately $3,075,000 at December 31, 2013.

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,	
2014	$ 2,924,000
2015	2,788,000
2016	2,732,000
2017	2,558,000
2018	1,460,000
	$ 12,462,000

Rental expense under operating leases totaled approximately $3,357,000 and $2,594,000 for the years ended December 31, 2013 and 2012, respectively.

Note 11 - Commitments and Contingencies (continued)

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 per year. The claims payable liability as of December 31, 2013 and 2012 was $639,000 and $700,000, 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 of 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.

Note 13 - Fair Value of Financial Instruments (continued)

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, U.S. 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.

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 $101,886,000 and $110,580,000 as of December 31, 2013 and 2012, 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 2013 and 2012 by incurring expenses satisfying the restricted purposes and/or by occurrence of other events specified by donors in the amounts of approximately $80,000 and $33,000, respectively.

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,	
	2013	2012
Emergency department	$ 152,203	$ 152,203
Lion's Project Eye Care	16,439	16,439
	$ 168,642	$ 168,642

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

	December 31,	
	2013	2012
Unrestricted	$ 2,978,830	$ 2,743,467
Professional education	445,896	384,713
Clinical care	43,376	40,719
Cancer care	51,475	47,195
Dialysis Suite	20,030	18,278
Prestige Club	21,798	18,354
Other hospital programs	138,593	137,784
	$ 3,699,998	$ 3,390,510

SUPPLEMENTARY INFORMATION

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Balance Sheet
December 31, 2013

	Longmont United Hospital, Inc	UMB	LULH LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated	
Assets								
Current assets								
Cash and cash equivalents	$ 9,391,368	$ 67,212	$ 2,044	$ 23,838	$ 30,815	$ -	$ 9,515,277	
Assets limited as to use required for current liabilities	4,256,621	-	-	238,497	-	-	4,495,118	
Patient accounts receivable, net	24,999,398	-	-	-	228,558	-	25,227,956	
Contributions receivable	331,715	-	-	-	-	-	331,715	
Receivables from related parties	22,794	-	-	-	-	-	22,794	
Interest receivable	21,201	-	-	-	-	-	21,201	
Supplies inventory	4,120,820	-	-	-	62,495	-	4,183,315	
Prepaid expenses and other	5,308,721	-	-	32,708	-	-	5,341,429	
Total current assets	48,452,638	67,212	2,044	295,043	321,868	-	49,138,805	
Assets limited as to use								
Board-designated for funded depreciation	65,133,020	-	-	-	-	-	65,133,020	
Restricted by bond indenture	4,649,286	-	-	-	-	-	4,649,286	
	69,782,306	-	-	-	-	-	69,782,306	
Less amount required for current liabilities	(4,256,621)	-	-	(238,497)	-	-	(4,495,118)	
Total assets limited as to use	65,525,685	-	-	(238,497)	-	-	65,287,188	
Contributions receivable	62,205	-	-	-	-	-	62,205	
Land, buildings, and equipment, net	110,304,233	-	-	4,988,646	577,933	(72,832)	115,797,980	
Other assets								
Notes receivable	223,317	-	-	-	-	-	223,317	
Other investments	16,727,414	-	304,969	-	(10,442,982)	(1,165,971)	5,423,430	
Bond issuance costs, net	1,557,622	-	-	-	-	-	1,557,622	
Net assets held by Longmont United Hospital Foundation	3,699,998	-	-	-	-	-	3,699,998	
Total assets	$ 246,553,112	$ 67,212	$ 307,013	$ 5,045,192	$ (9,543,181)	$ (1,238,803)	$ 241,190,545	- 67,212 = 241,123,333
Liabilities and Net Assets								
Current liabilities								
Accounts payable	$ 13,531,757	$ 120,047	$ -	$ 32,690	$ -	$ (72,832)	$ 13,611,662	
Accrued salaries, wages, and employee benefits	6,398,264	-	-	5,991	283,410	-	6,687,665	
Accrued interest	316,621	-	-	6,721	-	-	323,342	
Estimated payable to contractual agencies	1,285,164	-	-	-	-	-	1,285,164	
Current installments of long-term debt	3,940,000	-	-	231,776	-	-	4,171,776	
Other	43,847	-	-	113,692	-	-	157,539	
Total current liabilities	25,515,653	120,047	-	390,870	283,410	(72,832)	26,237,148	
Long-term debt, net of current installments	93,956,321	-	-	3,795,364	-	-	97,751,685	
Total liabilities	119,471,974	120,047	-	4,186,234	283,410	(72,832)	123,988,833	- 120,047 = 123,868,786
Commitments and contingencies								
Net assets								
Unrestricted	123,212,496	(52,835)	307,013	858,958	(9,826,591)	(1,165,971)	113,333,070	
Temporarily restricted								
Held by Longmont United Hospital, Inc	168,644	-	-	-	-	-	168,644	
Held by Longmont United Hospital Foundation	3,699,998	-	-	-	-	-	3,699,998	
Total temporarily restricted net assets	3,868,642	-	-	-	-	-	3,868,642	
Total net assets	127,081,138	(52,835)	307,013	858,958	(9,826,591)	(1,165,971)	117,201,712	+ 52,835 = 117,254,547
Total liabilities and net assets	$ 246,553,112	$ 67,212	$ 307,013	$ 5,045,192	$ (9,543,181)	$ (1,238,803)	$ 241,190,545	

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Balance Sheet
December 31, 2012

	Longmont United Hospital, Inc	UMB	LULH LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated
Assets							
Current assets							
Cash and cash equivalents	$ 13,659,403	$ 74,693	$ 2,041	$ (10,793)	$ 22,069	$ -	$ 13,747,413
Assets limited as to use required for current liabilities	3,777,122	-	-	232,135	-	-	4,009,257
Patient accounts receivable, net	21,042,563	-	-	-	446,849	-	21,489,412
Contributions receivable	321,875	-	-	-	-	-	321,875
Receivables from related parties	61,114	-	-	-	-	(38,401)	22,713
Interest receivable	29,694	-	-	-	-	-	29,694
Supplies inventory	4,363,905	-	-	-	89,671	-	4,453,576
Prepaid expenses and other	3,646,341	-	-	20,496	-	-	3,666,837
Total current assets	46,902,017	74,693	2,041	241,838	558,589	(38,401)	47,740,777
Assets limited as to use							
Board-designated for funded depreciation	73,031,090	-	-	-	-	-	73,031,090
Restricted by bond indenture	16,019,133	-	-	-	-	-	16,019,133
	89,050,223	-	-	-	-	-	89,050,223
Less amount required for current liabilities	(3,777,122)	-	-	(232,135)	-	-	(4,009,257)
Total assets limited as to use	85,273,101	-	-	(232,135)	-	-	85,040,966
Contributions receivable	152,205	-	-	-	-	-	152,205
Land, buildings, and equipment, net	100,350,064	-	-	5,156,645	573,839	(72,832)	106,007,716
Other assets							
Notes receivable	244,425	-	-	-	-	-	244,425
Other investments	10,556,221	-	254,838	-	(4,776,105)	(984,466)	5,050,488
Bond issuance costs, net	1,864,009	-	-	-	-	-	1,864,009
Net assets held by Longmont United Hospital Foundation	3,390,510	-	-	-	-	-	3,390,510
Total assets	$ 248,732,552	$ 74,693	$ 256,879	$ 5,166,348	$ (3,643,677)	$ (1,095,699)	$ 249,491,096
Liabilities and Net Assets							
Current liabilities							
Accounts payable	$ 10,843,690	$ 109,866	$ -	$ 57,304	$ -	$ (111,232)	$ 10,899,628
Accrued salaries, wages, and employee benefits	6,074,358	-	-	4,547	204,078	-	6,282,983
Accrued interest	347,122	-	-	8,315	-	-	355,437
Estimated payable to contractual agencies	3,454,618	-	-	-	-	-	3,454,618
Current installments of long-term debt	3,430,000	-	-	223,820	-	-	3,653,820
Other	44,619	-	-	117,646	-	-	162,265
Total current liabilities	24,194,407	109,866	-	411,632	204,078	(111,232)	24,808,751
Long-term debt, net of current installments	98,850,510	-	-	4,027,128	-	-	102,877,638
Total liabilities	123,044,917	109,866	-	4,438,760	204,078	(111,232)	127,686,389
Commitments and contingencies							
Net assets							
Unrestricted	122,128,483	(35,173)	256,879	727,588	(3,847,755)	(984,467)	118,245,555
Temporarily restricted							
Held by Longmont United Hospital, Inc	168,642	-	-	-	-	-	168,642
Held by Longmont United Hospital Foundation	3,390,510	-	-	-	-	-	3,390,510
Total temporarily restricted net assets	3,559,152	-	-	-	-	-	3,559,152
Total net assets	125,687,635	(35,173)	256,879	727,588	(3,847,755)	(984,467)	121,804,707
Total liabilities and net assets	$ 248,732,552	$ 74,693	$ 256,879	$ 5,166,348	$ (3,643,677)	$ (1,095,699)	$ 249,491,096

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Statement of Operations
December 31, 2013

	Longmont United Hospital, Inc.	UMB	LULH LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated
Unrestricted revenue							
Patient service revenue, net	$ 180,998,865	$ -	$ -	$ -	$ 4,488,478	$ -	$ 185,487,343
Provision for bad debts	(19,126,874)	-	-	-	-	-	(19,126,874)
Net patient service revenue	161,871,991	-	-	-	4,488,478	-	166,360,469
Other operating revenue	3,540,134	466,223	-	762,612	-	(495,684)	4,273,285
Total unrestricted revenue	165,412,125	466,223	-	762,612	4,488,478	(495,684)	170,633,754
Expenses							
Salaries, wages, and employee benefits	77,665,153	-	-	146,815	7,755,116	-	85,567,084
Supplies and other	63,896,518	483,965	-	438,259	2,390,212	(495,684)	66,713,270
Specialists' fees	6,901,355	-	-	-	170,908	-	7,072,263
Depreciation	10,720,177	-	-	168,000	151,079	-	11,039,256
Interest and amortization	4,275,625	-	-	143,538	-	-	4,419,163
Total expenses	163,458,828	483,965	-	896,612	10,467,315	(495,684)	174,811,036
Income (loss) from operations before loss on bond refinancing	1,953,297	(17,742)	-	(134,000)	(5,978,837)	-	(4,177,282)
Loss on bond refinancing	(507,916)	-	-	-	-	-	(507,916)
Income (loss) from operations	1,445,381	(17,742)		(134,000)	(5,978,837)	-	(4,685,198)
Other income							
Investment income and other, net	1,386,189	79	90,134	-	-	43,866	1,520,268
Unrestricted revenue in excess of (less than) expenses	2,831,570	(17,663)	90,134	(134,000)	(5,978,837)	43,866	(3,164,930)
Other changes in unrestricted net assets							
Unrealized loss on investments	(1,827,183)	-	-	-	-	-	(1,827,183)
Net assets released from restrictions used for purchase of property and equipment	79,630	-	-	-	-	-	79,630
Increase (decrease) in unrestricted net assets	$ 1,084,017	$ (17,663)	$ 90,134	$ (134,000)	$ (5,978,837)	$ 43,866	$ (4,912,483)

Expenses per FS

Total unrestricted revenue	170,713,384
Less NA released from restriction	-79,630
Investment income and other, net	1,520,268
Unrealized loss on investments	-1,827,183
Contributions from LUH Foundation	79,630
Change in interest in NA held by LUHF	309,488
Total revenue per FS	**170,715,957**

Composed of:
170,633,754 of total unrestricted revenue
79,630 of net assets released from restrictions

LONGMONT UNITED HOSPITAL, INC. AND AFFILIATES

Consolidating Statement of Operations
December 31, 2012

	Longmont United Hospital, Inc.	UMB	LULH LLC	Le Deauville	Milestone Medical Group	Eliminations	Consolidated
Unrestricted revenue							
Patient service revenue, net	$ 175,861,028	$ -	$ -	$ -	$ 3,453,509	$ -	$ 179,314,537
Provision for bad debts	(14,850,941)	-	-	-	-	-	(14,850,941)
Net patient service revenue	161,010,087	-	-	-	3,453,509	-	164,463,596
Other operating revenue	3,122,070	445,152	-	747,612	-	(453,610)	3,861,224
Total unrestricted revenue	164,132,157	445,152	-	747,612	3,453,509	(453,610)	168,324,820
Expenses							
Salaries, wages, and employee benefits	73,469,142	-	-	135,215	5,060,502	-	78,664,859
Supplies and other	65,925,999	475,104	-	384,991	1,825,901	(453,610)	68,158,385
Specialists' fees	6,281,820	-	-	-	91,852	-	6,373,672
Depreciation	10,013,305	-	-	168,000	124,437	-	10,305,742
Interest and amortization	4,402,407	-	-	154,248	-	-	4,556,655
Total expenses	160,092,673	475,104	-	842,454	7,102,692	(453,610)	168,059,313
Income (loss) from operations	4,039,484	(29,952)	-	(94,842)	(3,649,183)	-	265,507
Other income							
Investment income and other, net	2,705,266	111	56,948	-	-	37,893	2,800,218
Unrestricted revenue in excess of (less than) expenses	6,744,750	(29,841)	56,948	(94,842)	(3,649,183)	37,893	3,065,725
Other changes in unrestricted net assets							
Unrealized gain on investments	345,805	-	-	-	-	-	345,805
Net assets released from restrictions used for purchase of property and equipment	33,349	-	-	-	-	-	33,349
Increase (decrease) in unrestricted net assets	$ 7,123,904	$ (29,841)	$ 56,948	$ (94,842)	$ (3,649,183)	$ 37,893	$ 3,444,879