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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 202,120,909

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 2014 (Part V, line 2a)	**5**	1,497
6	Total number of volunteers (estimate if necessary)	**6**	716
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	24,228
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	22,106

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	102,680	119,503
9	Program service revenue (Part VIII, line 2g)	186,110,077	190,751,993
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	969,987	731,511
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,564,552	2,117,667
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,747,296	193,720,674
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	235,720	222,800
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)	85,567,084	84,357,604
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)	106,988,349	104,703,867
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	192,791,153	189,284,271
19	Revenue less expenses Subtract line 18 from line 12	-3,043,857	4,436,403

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	241,123,333	240,755,436
21	Total liabilities (Part X, line 26)	123,868,786	117,936,315
22	Net assets or fund balances Subtract line 21 from line 20	117,254,547	122,819,121

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

****** | 2015-11-10
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
DORI J EGGETT	DORI J EGGETT			P00645252

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 $ 167,118,001 including grants of $ 222,800) (Revenue $ 190,751,993)

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

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 ▶ 167,118,001

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	214		
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	1,497		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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, address, and telephone number of the person who possesses the organization's books and records ▶DAN FRANK

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 & CEO	40 00	X		X				618,967	0	116,162
(12) NEIL BERTRAND CFO	40 00			X				348,678	0	83,191
(13) CAROL SMITH VP LEGAL/REGULATORY AFFAIRS	40 00				X			251,182	0	58,473
(14) NANCY DRISCOLL CHIEF NURSING OFFICER	40 00				X			226,663	0	50,107

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			
(15) REBECCA HERMAN VP CLINICAL SUPPORT SERVICES	40 00				X			205,804	0	48,344
(16) WARREN LAUGHLIN VP HUMAN RESOURCES	40 00				X			182,821	0	50,607
(17) MICHAEL JEFFERIES VP INFORMATION SYSTEMS	40 00				X			170,838	0	44,681
(18) JOHN IVES DIRECTOR PHARMACY	40 00				X			157,319	0	19,211
(19) DANIEL FRANK CONTROLLER	40 00				X			155,960	0	37,782
(20) MURRY DRESCHER MILESTONE PHYSICIAN	40 00					X		666,588	0	84,977
(21) AMY JOHNSON MILESTONE PHYSICIAN	40 00					X		507,048	0	38,565
(22) HEATHER KEENE MILESTONE PHYSICIAN	40 00					X		454,187	0	35,830
(23) LAURA BUTLER MILESTONE PHYSICIAN	40 00					X		350,780	0	34,320
(24) RUSSELL REITINGER MILESTONE PHYSICIAN	40 00					X		267,208	0	51,812

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	4,589,423	0	754,062

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 ▶84

			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
LONGMONT CLINIC PC 1925 MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	MEDICAL	1,079,045
LONGMONT HOSPITALIST GROUP PO BOX 17004 DENVER, CO 802170004	MEDICAL	928,598
LONGMONT ANESTHESIA ASSOCIATES 205 KEN PRATT BLVD LONGMONT, CO 80501	MEDICAL	766,762
MAYO MEDICAL LABORATORIES PO BOX 9146 MINNEAPOLIS, MN 554809146	MEDICAL	747,616
WESTERN NEPHROLOGY & METABOLIC BONE DISE 4891 INDEPENDENCE ST WHEAT RIDGE, CO 80033	MEDICAL	546,872

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 ▶177

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	70,024			
	d	Related organizations . . .	1d	49,479			
	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 . . . . . ▶		119,503			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621990	190,140,547	190,140,547		
	b	HEALTH CTR THERAPY	621990	410,740	410,740		
	c	HEALTH & WELLNESS CTR	621990	200,706	200,706		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		190,751,993			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		810,474			810,474
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents	1,745,901					
b	Less rental expenses	1,471,603					
c	Rental income or (loss)	274,298					
d	Net rental income or (loss) . . . . . ▶			274,298	274,298		

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	6,551,920	268,895				
b	Less cost or other basis and sales expenses	6,504,787	394,991				
c	Gain or (loss)	47,133	-126,096				
d	Net gain or (loss) . . . . . ▶			-78,963			-78,963

Other Revenue	8a	Gross income from fundraising events (not including $ 70,024 of contributions reported on line 1c) See Part IV, line 18 . . a	16,725				
	b	Less direct expenses . . . b	28,854				
	c	Net income or (loss) from fundraising events . . ▶		-12,129			-12,129
	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	765,522			765,522
	b	INC FROM RELATED ORGS	621990	190,021			190,021
	c	UBIT FROM K-1	541519	24,228		24,228	
	d	All other revenue		875,727			875,727
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,855,498			
	12	**Total revenue.** See Instructions . . . . . ▶		193,720,674	191,026,291	24,228	2,550,652

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 domestic organizations and domestic governments See Part IV, line 21	222,800	222,800		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,809,287	707,447	2,101,840	
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	67,339,253	59,730,854	7,608,399	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	608,124	534,555	73,569	
9 Other employee benefits	8,807,087	7,596,097	1,210,990	
10 Payroll taxes	4,793,853	4,096,034	697,819	
11 Fees for services (non-employees)				
a Management				
b Legal	250,075		250,075	
c Accounting	102,366		102,366	
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)	1,007,592	892,038	115,554	
12 Advertising and promotion	485,187		485,187	
13 Office expenses	7,139,775	6,059,605	1,080,170	
14 Information technology	4,098,263	3,322,512	775,751	
15 Royalties				
16 Occupancy	1,890,551		1,890,551	
17 Travel	231,833	198,086	33,747	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,215,865	3,476,162	739,703	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,677,118	10,736,252	1,940,866	
23 Insurance	1,239,248		1,239,248	
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	26,763,603	25,826,255	937,348	
b BAD DEBT	17,619,736	17,619,736		
c PURCHASED SERVICES	7,375,193	6,493,410	881,783	
d PHYSICIAN FEES	6,860,270	6,860,270		
e All other expenses	12,747,192	12,745,888	1,304	
25 **Total functional expenses.** Add lines 1 through 24e	189,284,271	167,118,001	22,166,270	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		9,448,065	1	13,882,547
	2	Savings and temporary cash investments		14,798,877	2	13,182,454
	3	Pledges and grants receivable, net		393,920	3	255,613
	4	Accounts receivable, net		25,250,750	4	26,085,909
	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		223,317	7	202,961
	8	Inventories for sale or use		4,183,315	8	4,309,683
	9	Prepaid expenses and deferred charges		5,341,429	9	5,884,492
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 238,037,728			
	b	Less accumulated depreciation	10b 128,229,895	115,797,980	10c	109,807,833
	11	Investments—publicly traded securities		54,983,429	11	56,445,947
	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		10,702,251	15	10,697,997
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		241,123,333	16	240,755,436
Liabilities	17	Accounts payable and accrued expenses		20,660,161	17	19,586,593
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		82,896,321	20	79,499,864
	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		19,027,140	23	18,210,369
	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		1,285,164	25	639,489
	26	**Total liabilities.** Add lines 17 through 25		123,868,786	26	117,936,315
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		113,385,905	27	119,056,150
	28	Temporarily restricted net assets		3,868,642	28	3,762,971
	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		117,254,547	33	122,819,121
	34	Total liabilities and net assets/fund balances		241,123,333	34	240,755,436

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	193,720,674
2	Total expenses (must equal Part IX, column (A), line 25)	2	189,284,271
3	Revenue less expenses Subtract line 2 from line 1	3	4,436,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,254,547
5	Net unrealized gains (losses) on investments	5	1,258,068
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	-129,897
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,819,121

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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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?		No	
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?	Yes		11,803
j	Total Add lines 1c through 1i			11,803
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, lines 1 and 2 (see instructions), 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 $6,317 PORTION OF DUES PAID TO THE COLORADO HOSPITAL ASSOCIATION FOR LOBBYING EXPENSES $5,486

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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		5,634,880		5,634,880
b Buildings		151,957,991	69,793,997	82,163,994
c Leasehold improvements				
d Equipment		71,796,407	58,435,898	13,360,509
e Other		8,648,450		8,648,450
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				109,807,833

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	639,489
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	639,489

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	179,332,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,258,068		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-15,646,666		
e	Add lines **2a** through **2d**			2e	-14,388,598
3	Subtract line **2e** from line **1**			3	193,720,674
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	193,720,674

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	173,776,231
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	-15,508,040		
e	Add lines **2a** through **2d**			2e	-15,508,040
3	Subtract line **2e** from line **1**			3	189,284,271
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	189,284,271

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, 2014 AND 2013 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, 2014 AND 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	UMB REVENUE 476,414 RENTAL EXPENSES 1,471,603 FUNDRAISING EVENT EXPENSES 28,854 CHANGE IN INTEREST IN NET ASSETS HELD BY LUHF -105,669 LOSS ON SALE OF ASSETS 126,096 UNRELATED BUSINESS INCOME FROM K-1 -24,228 BAD DEBT EXPENSE -17,619,736
PART XII, LINE 2D - OTHER ADJUSTMENTS	UMB TOTAL EXPENSES 485,143 RENTAL EXPENSES 1,471,603 FUNDRAISING EVENT EXPENSES 28,854 LOSS FROM SALE OF ASSETS 126,096 BAD DEBT EXPENSE -17,619,736

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.**

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

OMB No 1545-0047

2014

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 CASINO NIGHT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	36,780	49,969		86,749
	2 Less Contributions	25,230	44,794		70,024
	3 Gross income (line 1 minus line 2)	11,550	5,175		16,725
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,175		1,175
	6 Rent/facility costs	7,700	150		7,850
	7 Food and beverages	3,768	4,820		8,588
	8 Entertainment		2,400		2,400
	9 Other direct expenses	812	8,029		8,841
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(28,854)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,129

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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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 provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 criteria used 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)			5,080,000	5,043,000	37,000	0 020 %
b Medicaid (from Worksheet 3, column a)			34,930,000	27,194,000	7,736,000	4 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			40,010,000	32,237,000	7,773,000	4 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			650,000		650,000	0 380 %
f Health professions education (from Worksheet 5)			1,950,000		1,950,000	1 140 %
g Subsidized health services (from Worksheet 6)			15,536,000	7,356,000	8,180,000	4 770 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			222,800		222,800	0 130 %
j **Total.** Other Benefits			18,358,800	7,356,000	11,002,800	6 420 %
k **Total.** Add lines 7d and 7j			58,368,800	39,593,000	18,775,800	10 950 %

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			15,000		15,000	0 010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			15,000		15,000	0 010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other			5,000		5,000	0 %
10 **Total**			35,000		35,000	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 5,328,000		
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	52,536,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	73,218,000
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,682,000
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	29 410 %		70 590 %
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 letter of facility reporting group LONGMONT UNITED HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW LUHCARES ORG/			
b	☑ Other website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFORMATION			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW LUHCARES ORG/DOCUMENTS/BLOG/CHIP-LONGMONT-FY16-FIN_8-13 PDF			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

LONGMONT UNITED HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000% and FPG family income limit for eligibility for discounted care of 300 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

LONGMONT UNITED HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☑ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 5 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 7D CHNA REPORT MADE AVAILABLE AT HTTP //WWW.BOULDERCOUNTYHEALTHCOMPASS.ORG/INDEX.PHP?MODULE=TRACKERS&FUNC=DISPLAY&TID=1001
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 11 PRIORITY REDUCE OBESITY AND PROMOTE A LIFELONG WELLNESS STRATEGYWHILE THE COMMUNITY HEALTH NEEDS ASSESSMENT INDICATED MULTIPLE COMMUNITY HEALTH NEEDS, OBESITY WAS CHOSEN AS ANOTHER KEY AREA OF FOCUS A PARTICULAR FOCUS WILL BE COMBATING THE GROWING RATE OF CHILDHOOD OBESITY IN COLORADO THE LATINO POPULATION IS PARTICULARLY VULNERABLE TO THIS EPIDEMIC TO EMBARK ON THIS STRATEGY, THE HOSPITAL HAS BECOME THE FISCAL AGENT AND SPONSOR OF LIVEWELL LONGMONT LIVEWELL LONGMONT IS A DIVISION OF LIVEWELL COLORADO, WHICH IS A NON-PROFIT MOVEMENT THAT FOCUSES ON POLICY, ENVIRONMENTAL AND LIFESTYLE CHANGES THAT REMOVE BARRIERS AND INCREASES ACCESS TO HEALTHY BEHAVIORS LIVEWELL LONGMONT FOCUSES ON EARLY CHILDHOOD EDUCATION IN THE SCHOOL SYSTEMS LIVEWELL HIGHLIGHTS SCHOOLS AS AN IDEAL PLACE TO HELP CHILDREN AND ADOLESCENTS DEVELOP HEALTHY EATING AND ACTIVE LIVING HABITS LIVEWELL HAS BEEN ABLE TO PLACE A COORDINATOR FOR THEIR SAFE ROUTES TO SCHOOL PROGRAM THIS PROGRAM RECOMMENDS WALKING AND BICYCLE ROUTES FOR INDIVIDUAL SCHOOLS, INTERACTIVE MAPS FOR PARENTS AND CHILDREN TO ACCESS THESE ROUTES AND PURCHASE AND INSTALLATION OF BIKE RACKS THEY ALSO SPONSOR BIKE RODEOS WHICH TEACH CHILDREN BICYCLE SAFETY THESE EFFORTS TO REMOVE BARRIERS AND INCREASE ACCESS TO HEALTHY BEHAVIORS HAVE BEEN VERY SUCCESSFUL IN THE SCHOOL DISTRICTS AND RECEIVED STRONG APPROVAL BY PARENTS AND SCHOOL ADMINISTRATORS LONGMONT UNITED HOSPITAL HAS ALSO FORMED A PARTNERSHIP WITH HEALTHY LEARNING PATHS THIS IS A PROGRAM THAT EMPOWERS CHILDREN, PARENTS AND EDUCATORS BY TEACHING WELLNESS STRATEGIES FOR SUCCESS IN HEALTH, LEARNING AND LIFE THIS IS AN EVIDENCE AND SCIENCE-BASED CURRICULUM THAT UTILIZES MEDICAL PROFESSIONALS TO PRESENT WELLNESS STRATEGIES IN SCHOOLS - WITH A FOCUS ON THE EARLY CHILDHOOD YEARS LUH HAS RECRUITED SEVERAL PRIMARY CARE PHYSICIANS, PEDIATRIC NURSES, NURSE PRACTITIONERS AND OTHER CLINICAL STAFF TO BE TRAINED TO PRESENT THE HEALTH LEARNING PATHS CURRICULUM TARGET POPULATION -REGION SERVED LUH SERVICE AREA-SEX ALL-AGE ALL-LANGUAGE PREFERENCE ENGLISH, SPANISHPARTNERS LIVEWELL LONGMONT, HEALTHY LEARNING PATHSHEALTHY PEOPLE OF 2020 PRIORITIES DIABETES, FOOD SAFETY, NUTRITION AND WEIGHT STATUS, PHYSICAL HEALTHCOLORADO'S 10 WINNABLE BATTLES PRIORITY REDUCING OBESITYBOULDER COUNTY PRIORITY HEALTHY EATING AND ACTIVE LIVINGHOSPITAL PRIORITY WELLNESS AND OBESITYSHORT-TERM GOALS -IMPROVE NUTRITION THROUGH EDUCATION ON HEALTHY FOOD CHOICES-INCREASE PHYSICAL ACTIVITY AMONG CHILDREN - REDUCE SCREEN TIME BY EDUCATING PARENTS-DEVELOP AND IMPLEMENT WEIGHT LOSS STRATEGIES FOR YOUNGER CHILDREN LONG-TERM GOALS-REDUCE CHILDHOOD OBESITY IN LUH SERVICE AREA-DEVELOP METHODS TO PREVENT CHILDHOOD OBESITY ON FUTURE GENERATIONSTACTICS/INITIATIVES-HELP BUILD HEALTHIER COMMUNITIES THROUGH EDUCATION AND SUPPORT ON NUTRITION AND PHYSICAL ACTIVITY-PARTNER WITH EARLY CARE AND EDUCATION PROVIDERS TO INCORPORATE BEST PRACTICES FOR NUTRITION, PHYSICAL ACTIVITY AND SCREEN TIME INTO THEIR PROGRAMS-COLLABORATE WITH ST VRAIN SCHOOL DISTRICT TO INCORPORATE NEW MEAL STANDARDS TO ENSURE STUDENTS ARE OFFERED BOTH FRUITS AND VEGETABLES EVERY DAY OF THE WEEK, INCREASING WHOLE GRAIN-RICH FOODS, OFFERING FAT-FREE OR LOW-FAT MILK, ENSURING PROPER PORTION SIZES AND REDUCING THE AMOUNTS OF SATURATED FAT, TRANS FATS AND SODIUM -DEVELOP WAYS TO EDUCATE PARENTS ON THE BENEFITS OF REGULAR EXERCISE TO IMPROVE CHILDREN'S PHYSICAL AND MENTAL HEALTH AND ENCOURAGE THE USE OF OUTDOOR ACTIVITIES ABUNDANTLY AVAILABLE IN COLORADO-IDENTIFY EVIDENCE-BASED HEALTHY WEIGHT INFORMATION TO EQUIP PROVIDERS WITH THE INFORMATION TO SHARE WITH PATIENTS IN THE IDENTIFIED POPULATIONPRIORITY BEHAVIORAL HEALTH - MENTAL HEALTH AND SUBSTANCE ABUSEPOOR MENTAL HEALTH IS OFTEN CORRELATED WITH RISKY BEHAVIORS, SUCH AS SUBSTANCE ABUSE, SUICIDAL IDEATION AND DOMESTIC VIOLENCE SUBSTANCE ABUSE IS A SERIOUS ISSUE THAT AFFECTS ALMOST EVERY COMMUNITY, IT INVOLVES EXCESSIVE ALCOHOL, TOBACCO AND DRUG USE EACH YEAR SUBSTANCE ABUSE CAUSES MILLIONS OF SERIOUS ILLNESS, INJURIES AND SOCIAL PROBLEMS, SUCH AS DRUGGED DRIVING, VIOLENCE, STRESS AND CHILD ABUSE EVENTUALLY, SUBSTANCE ABUSE CAN LEAD TO UNEMPLOYMENT, HOMELESSNESS AND CRIME SUICIDE PREVENTION IS AN IMPORTANT AND COMPLEX PUBLIC HEALTH ISSUE IN COLORADO THE STATE'S SUICIDE DEATH TOLL HAS BEEN CLIMBING FOR THE PAST DECADE, GIVING COLORADO ONE OF THE HIGHEST RATES IN THE NATION AND RESULTING IN THE HIGHEST RATE (NUMBER PER 100,000 POPULATION) IN COLORADO'S RECORDED HISTORY FOR 2012 WHEN UNINTENTIONAL INJURIES ARE SEPARATED OUT BY TYPE (I E MOTOR VEHICLE, FALLS, DROWNING), SUICIDE IS THE LEADING CAUSE OF DEATH FOR COLORADANS AGES 10 THROUGH 44, AND SUICIDE RATES ARE HIGHER THAN MOTOR VEHICLE AND DIABETES FATALITIES IN 2010, THE LONGMONT POLICE DEPARTMENT PROCESSED 711 CASES OF DOMESTIC VIOLENCE - THAT'S 41% OF ALL CASES IN BOULDER COUNTY TWO HUNDRED AND SEVENTY-THREE CHILDREN WERE PRESENT DURING DOMESTIC VIOLENCE INCIDENTS IN 2010 - THE HIGHEST NUMBER IN ALL OF BOULDER COUNTY OVER HALF OF THE LONGMONT COMMUNITY HAS HAD SOME PERSONAL EXPERIENCE THAT HAS IMPACTED THEIR ATTITUDE ABOUT DOMESTIC VIOLENCE TARGET POPULATION -REGION SERVED LUH SERVICE AREA-SEX ALL-AGE ALL-LANGUAGE PREFERENCE ENGLISH, SPANISHPARTNERS EMERGENCY DEPARTMENT, PRIMARY CARE PHYSICIANS, CENTURA HEALTH PHYSICIANS GROUP, MENTAL HEALTH PARTNERS, ALCOHOLICS ANONYMOUS, MOTHERS AGAINST DRUNK DRIVING (MADD), EMPLOYEE ASSISTANCE PROGRAM COUNSELORS, CLINICA FAMILY HEALTH SERVICES, SALUD CLINIC, CENTENNIAL PEAKS HOSPITALHEALTHY PEOPLE OF 2020 PRIORITIES MENTAL HEALTH AND MENTAL DISORDERS, SUBSTANCE ABUSE, ACCESSCOLORADO'S 10 WINNABLE BATTLES PRIORITY ACCESS, MENTAL HEALTH, AND SUBSTANCE ABUSEBOULDER COUNTY PRIORITY MENTAL HEALTH AND SUBSTANCE ABUSEHOSPITAL PRIORITY BEHAVIORAL HEALTHSHORT-TERM GOALS -PROMOTE EDUCATION AND AWARENESS OF BEHAVIORAL HEALTH, WELLNESS, AND ENGAGEMENT-IMPROVE COORDINATION OF EXISTING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ACROSS COMMUNITY PARTNERS-INCREASE ACCESS AND INTEGRATION OF MENTAL HEALTH AND SUBSTANCE ABUSE (MH/SA) SERVICES IN PRIMARY CARE-PROMOTE EMERGENCY DEPARTMENT DIVERSION/SBIRT PROGRAMS-INCREASE AWARENESS AND SCREENING FOR DOMESTIC VIOLENCE (DV) THROUGHOUT THE SYSTEM LONG-TERM GOALS-ORGANIZE COMMUNITY MENTAL HEALTH FORUMS THAT FOCUS ON THE AREAS OF MENTAL HEALTH/SUBSTANCE ABUSE/DEVELOPMENTAL DISABILITIES TO SHARE INFORMATION, COLLABORATE AMONG PROVIDERS, AND IDENTIFY SERVICE GAPS-PUBLISH ARTICLES IN THE LOCAL NEWSPAPER TO INCREASE COMMUNITY AWARENESS OF ACCESS AND UPDATES TO MENTAL HEALTH/SUBSTANCE ABUSE SERVICES DURING CURRENT CHANGING ENVIRONMENT-INCREASE NETWORK OF CAREGIVERS TRAINED TO DETECT EARLY WARNING SIGNS IN CHILDREN AT RISK BY 50 INDIVIDUALS EVERY YEAR-IMPROVE INTERVENTIONS AND EDUCATIONAL PROGRAMS TO DECREASE BINGE DRINKING IN TEENS-COLLABORATE WITH COMMUNITY PARTNERS/PROGRAMS (I E , LONGMONT POLICE DEPARTMENT AND EDGE PROGRAM - EARLY DIVERSION, GET ENGAGED)TACTICS/INITIATIVES-GATHER EXISTING DATA ON TEENAGE BINGE DRINKING IN BOULDER COUNTY-MEET WITH LOCAL LEADER(S) OF ALCOHOLICS ANONYMOUS TO CONSIDER HOW LUH MIGHT WORK WITH THEIR LOCAL AA CHAPTER-SET TARGETS AND OPPORTUNITIES IN THE ST VRAIN SCHOOL DISTRICT, OFFER PEER INTERVENTIONS FOR THOSE STUDENTS PERCEIVED TO BE AT RISK-DISTRIBUTE DEPRESSION SCREENINGS THROUGHOUT THE NETWORK AS PART OF ANNUAL PHYSICALS/CHECK-UPS-INVESTIGATE TELEPSYCHIATRY PROGRAM* AT LUH IN AN EFFORT TO ADDRESS SERVICE PROVIDER GAPS-RESEARCH AND WRITE PRESS RELEASES FOR LOCAL MEDIA OUTLETS ADDRESSING BEHAVIORAL HEALTH ISSUES-WORK WITH COMMUNITY PARTNERS TO DEVELOP AND IMPLEMENT A COMMUNITY HEALTH FORUM-CONNECT AND BUILD BETTER RELATIONSHIPS WITH LONGMONT POLICE DEPARTMENT
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 13H OTHER CRITERIA USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE MEDICARE/MEDICAID AND STATE REGULATIONS LONGMONT UNITED HOSPITALPART V, LINE 16A, FAP WEBSITE HTTP //WWW.LUHCARES.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE.ASPXLONGMONT UNITED HOSPITALPART V, LINE 16B, FAP APPLICATION HTTP //WWW.LUHCARES.ORG/DOCUMENTS/FINANCIALASSISTANCEAPPLICATION1111.PDF AND HTTP //WWW.LUHCARES.ORG/DOCUMENTS/FINANCIALASSISTANCEAPPLICATION1111SP.PDF
LONGMONT UNITED HOSPITAL	PART V, SECTION B, LINE 22D 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 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
LONGMONT UNITED HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	SEE PART V
LONGMONT UNITED HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	SEE PART V

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

Form and Line Reference	Explanation
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 $ 17,619,736

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE PER FORM 990 REMOVED FROM THE DENOMINATOR = $17,619,736

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART VI, LINE 2	LONGMONT UNITED HOSPITAL ASSESSES HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES WITH THE FOLLOWING *GEOGRAPHIC AREA COMMUNITY BENEFIT IS PROVIDED TO COMMUNITIES IN OUR PRIMARY AND SECONDARY SERVICE AREAS THESE SERVICE AREAS REPRESENT ROUGHLY A 20-MILE RADIUS AROUND THE HOSPITAL AND ENCOMPASS MOUNTAIN TOWNS, SUBURBAN CITIES, AND RURAL PLAINS COMMUNITIES *FREQUENCY OF ASSESSMENTLONGMONT UNITED HOSPITAL'S MISSION DEDICATED TO IMPROVING THE HEALTH OF OUR PATIENTS AND COMMUNITIES WE SERVE THIS ENCOMPASSES ALL ASPECTS OF IMPROVING COMMUNITY AND INDIVIDUAL HEALTHCARE IT REQUIRES THE BOARD OF DIRECTORS AND LEADERSHIP TO BE ACTIVE IN THE COMMUNITY TO UNDERSTAND AND ASSESS THE CRITICAL NEEDS OF THE COMMUNITY LEADERSHIP ALSO PRESENTS ANNUALLY TO THE BOARD OF DIRECTORS THE ORGANIZATIONS SUPPORTED FINANCIALLY AND THROUGH INVOLVEMENT OF EMPLOYEES FUTURE SUPPORT PRIORITIES ARE DISCUSSED AND DETERMINED AT THAT TIME LEADERSHIP ALSO ASSESSES AS NEEDED FINANCIAL SUPPORT REQUESTS BY COMMUNITY ORGANIZATIONS PRIORITY CRITERIA FOR APPROVAL ARE SERVICES SUPPORTING ELDERLY OR LOW-INCOME FAMILIES, AS WELL AS, EDUCATION AND WELLNESS *ASSESSMENT UPDATES ASSESSMENT UPDATES ARE PERFORMED AND PRESENTED ANNUALLY TO THE BOARD OF DIRECTORS FOR REVIEW *COMMUNITY LEADER INPUTTHE BOARD OF DIRECTORS INCLUDES KEY COMMUNITY LEADERS WHO POSSESS SPECIAL KNOWLEDGE OF THE COMMUNITIES AND POPULATIONS WE SERVE HOSPITAL LEADERSHIP AND STAFF MEMBERS ALSO SERVE ON SEVERAL KEY BOARDS SUCH AS 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

Form and Line Reference	Explanation
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 ARE AS THESE SERVICE AREAS REPRESENT ROUGHLY A 20-MILE RADIUS AROUND THE HOSPITAL AND ENCOMPA SS 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 Z IP CODES80501 LONGMONT PSA80503 LONGMONT PSA80504 LONGMONT PSA80513 BERTHOUD PSA80530 FRED ERICK PSA80540 LYONS PSA80520 FIRESTONE (80504) PSA80502 LONGMONT (80501) PSA80533 HYGIENE (80503) PSA80544 NIWOT (80503) PSA80514 DACONO PSA80542 MEAD PSA80516 ERIE PSA80534 JOHNS TOWN SSA80026 LAFAYETTE SSA80651 PLATTEVILLE SSA80621 FORT LUPTON SSA80538 LOVELAND SSA803 01 BOULDER SSA80623 PLATTEVILLE (80651) SSA80541 LOVELAND (80537) SSA80537 LOVELAND SSA*DE MOGRAPHIC PROFILE INFORMATION CITY OF LONGMONT/ BOULDER COUNTY = 2010 US CENSUS BOULDER CO UNTY HTTP //QUICKFACTS CENSUS GOV/QFD/STATES/08/08013 HTMLLONGMONT HTTP //WWW CI LONGMON T 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 AMERICA N *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 SIGNIFICAN T GAP IN HIGH SCHOOL GRADUATION RATES BETWEEN NON-HISPANIC WHITE AND LATINO STUDENTS EXIST S 90% VS 61% IN BOULDER VALLEY SCHOOL DISTRICT (BVSD) AND 84% VS 56% IN ST VRAIN VALLE Y SCHOOL DISTRICT (SVVSD) *LESS THAN HALF OF LATINO MALES IN THE ST VRAIN VALLEY SCHOOL D ISTRICT GRADUATED IN 2010 (48%) *38% OF SVVSD STUDENTS ARE ON THE FREE OR REDUCED LUNCH PR OGRAM, 37% OF BVSD QUALIFY IN 2012 *ECONOMY IN BOULDER COUNTY *INDIVIDUALS BELOW POVERTY 1 4% *FAMILIES BELOW POVERTY 8% *CHILDREN BELOW POVERTY 13% *AN INCREASE AT THE YOUNG OR OLD ER END WILL CAUSE MEDIAN HOUSEHOLD INCOME TO FALL *GROWING POVERTY AND INCOME INEQUALITY *YOUTH UNEMPLOYMENT LONG TERM PERMANENT IMPACT ON EARNINGS *HEALTH RELATED INFORMATIONSTA TISTICS FROM BOULDER COMMUNITY FOUNDATION BOULDER COUNTY TRENDS REPORT 2011 & 2012PREGNANC Y *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 MORTAL ITY 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 PRI VATE OR PUBLIC HEALTH INSURANCE *16% OF CHILDREN LIVE IN FAMILIES WITH INCOMES BELOW THE F EDERAL POVERTY LEVEL *59% OF CHILDREN HAVE A MEDICAL HOME *77% OF CHILDREN RECEIVED ALL TH E 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 INSU RANCE *12% OF ADOLESCENTS LIVE IN FAMILIES WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL *2 4% 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 R OW 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 A DOLESCENTS WERE SEXUALLY ACTIVE IN THE PAST THREE MONTHS *AMONG STUDENTS WHO HAD SEXUAL IN TERCOURSE DURING THE PAST THREE MONTHS, 63% PERCENT REPORTED USING A CONDOM DURING LAST SE XUAL 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 HEALT H CARE PROVIDER *22% OF ADULTS CONSUMED FIVE OR MORE FRUITS AND/OR VEGETABLES PER DAY WITH IN THE PAST WEEK *84% OF ADULTS PARTICIPATED IN ANY PHYSICAL ACTIVITY WITHIN THE PAST MONT H *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 DRINK S ON ONE OCCASION) IN THE PAST MONTH *13% OF ADULT

Form and Line Reference	Explanation
PART VI, LINE 4	S 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 MOR E) 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 OLD ER ADULTS REPORT THAT THEIR PHYSICAL HEALTH WAS NOT GOOD EIGHT OR MORE DAYS IN THE PAST MO NTH *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 TH E 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 20 06FEMALE BREAST 124, 2% INCREASE SINCE 2006LUNG AND BRONCHUS 50, 3% INCREASE SINCE 2006 *D IABETES 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 BEI NG 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 HOSPIT AL PROVIDES A SAFETY NET FOR UNINSURED PERSONS THROUGH THE FOLLOWING *LONGMONT UNITED HOS PITAL PROVIDES THE HIGHEST PERCENTAGE OF CHARITY CARE IN BOULDER COUNTY *SUBSIDIZING AND SUPPORTING THE SALUD FAMILY HEALTH CENTERS, A LOW-INCOME PRIMARY HEALTHCARE SERVICE *SUPPO RTING BOULDER VALLEY WOMEN'S HEALTH CENTER WHO PROVIDES QUALITY HEALTHCARE AND SERVICES RE GARDLESS 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

Form and Line Reference	Explanation
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

2014

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 Domestic Organizations and Domestic Governments.

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 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) SALUD FAMILY HEALTH 203 SOUTH ROLLIE AVE FORT LUPTON,CO 80621	84-0613590	501(C)(3)	148,220				PROGRAM SUPPORT
(2) VIA MOBILITY SERVICES 2855 N 63RD ST BOULDER,CO 80301	84-0777296	501(C)(3)	32,000				PROGRAM SUPPORT
(3) THE SAFETY NET CAMPAIGN 203 SOUTH ROLLIE AVE FORT LUPTON,CO 80621	47-1624083	501(C)(3)	10,000				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 . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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.**

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 MITCHELL C CARSON, PRESIDENT & CEO	(I)	571,077	0	47,890	0	116,162	735,129	0
	(II)	0	0	0	0	0	0	0
1 NEIL BERTRAND, CFO	(I)	335,901	0	12,777	0	83,191	431,869	0
	(II)	0	0	0	0	0	0	0
2 CAROL SMITH, VP LEGAL/REGULATORY AFFAIRS	(I)	241,012	0	10,170	0	58,473	309,655	0
	(II)	0	0	0	0	0	0	0
3 NANCY DRISCOLL, CHIEF NURSING OFFICER	(I)	212,384	0	14,279	0	50,107	276,770	0
	(II)	0	0	0	0	0	0	0
4 REBECCA HERMAN, VP CLINICAL SUPPORT SERVICES	(I)	196,778	0	9,026	0	48,344	254,148	0
	(II)	0	0	0	0	0	0	0
5 WARREN LAUGHLIN, VP HUMAN RESOURCES	(I)	176,991	0	5,830	0	50,607	233,428	0
	(II)	0	0	0	0	0	0	0
6 MICHAEL JEFFERIES, VP INFORMATION SYSTEMS	(I)	160,922	0	9,916	0	44,681	215,519	0
	(II)	0	0	0	0	0	0	0
7 JOHN IVES, DIRECTOR PHARMACY	(I)	156,652	0	667	0	19,211	176,530	0
	(II)	0	0	0	0	0	0	0
8 DANIEL FRANK, CONTROLLER	(I)	155,321	0	639	17,500	20,282	193,742	0
	(II)	0	0	0	0	0	0	0
9 MURRY DRESCHER, MILESTONE PHYSICIAN	(I)	460,392	0	206,196	0	84,977	751,565	0
	(II)	0	0	0	0	0	0	0
10 AMY JOHNSON, MILESTONE PHYSICIAN	(I)	483,922	0	23,126	0	38,565	545,613	0
	(II)	0	0	0	0	0	0	0
11 HEATHER KEENE, MILESTONE PHYSICIAN	(I)	371,119	62,117	20,951	0	35,830	490,017	0
	(II)	0	0	0	0	0	0	0
12 LAURA BUTLER, MILESTONE PHYSICIAN	(I)	235,121	0	115,659	0	34,320	385,100	0
	(II)	0	0	0	0	0	0	0
13 RUSSELL REITINGER, MILESTONE PHYSICIAN	(I)	237,401	0	29,807	0	51,812	319,020	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	1,545,000	15,885,000	9,920,000	
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			3,888,393	
5	Capitalized interest from proceeds		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	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		39,172,754		
11	Other spent proceeds	17,074,162		43,272,140	
12	Other unspent proceeds				
13	Year of substantial completion		2008		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	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 "Yes" to 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 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
LONGMONT UNITED HOSPITAL	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 ENGAGED 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 -105,669 UNRELATED BUSINESS INCOME FROM K-1 - 24,228

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

OMB No 1545-0047

2014

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	98,317	363,330	LUH
(2) LE DEAUVILLE LLC 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 20-4781464	RENTAL	CO	799,078	4,840,647	LUH
(3) MILESTONE MEDICAL GROUP 1950 W MOUNTAIN VIEW AVE LONGMONT, CO 80501 38-3842918	MEDICAL SERVICES	CO	4,946,863	-15,564,606	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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) LMC COMM LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 75-3081353	VOICE & DATA	CO	LULH LLC	UNRELATED	24,228	20,663		No	24,228	Yes		50 000 %
(2) TRI-TOWN LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 33-1035669	OFFICE LEASING	CO	LULH LLC	RELATED	94,780	1,976,231		No		Yes		50 000 %
(3) TWIN PEAKS LLC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 73-1656489	IMAGING	CO	LUH	RELATED	48,100	543,006		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	171,748	181,511		No			No	29 410 %

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	(i) Section 512 (b)(13) controlled entity? No
(1) UNITED MEDICAL BLDG CONDOMINIUM ASSOC 1950 WEST MOUNTAIN VIEW AVE LONGMONT, CO 80501 84-1526130	CONDO ASSOCIATION	CO	LUH	C	437,253	46,195	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	68,704	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