

May 13, 2010

David Richhart, CFO
Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59804

Dear Mr. Richhart:

Enclosed are the original and one copy of the 2008 Form 990 - Return of Organization Exempt from Income Tax for Community Medical Center, Inc. for the year ended June 30, 2009.

2008 Form 990 - Return of Organization Exempt from Income Tax

There is no tax due with this return. This return must be electronically filed because the assets are greater than \$10 million. Form 8879-EO must be signed and dated by you and returned to us to authorize us to electronically transmit the return.

Fax the signed Form 8879-EO to Jayne Brynteson at 612-376-4850. Please fax the signed form as soon as possible so that we can transmit the return before May 17, 2010. We would like to receive the form and transmit the return before the due date in order to resolve any e-filing diagnostics that may arise.

2008 Form 990T – Exempt Organization Business Income Tax Return

The return must be signed and filed on or before May 17, 2010 with:

INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

Tax due with this return is \$115,820. Payment must be made using the Electronic Federal Tax Payments Systems (EFTPS) is the organization is required to use EFTPS. If the organization is not required to make payment via EFTPS, payment should be made by making a federal tax deposit using Form 8109 at an authorized commercial bank.

2008 Form M4T – 2008 Corporation License Tax Return

The return must be signed and filed on or before May 17, 2010 with:

MONTANA DEPARTMENT OF REVENUE
CORPORATION TAX BUREAU
POST OFFICE BOX 8021
HELENA, MT 59604-8021

Tax due with this return is \$32,683. Please use the attached voucher to make the payment.

Estimated Tax Payment for Year 2010

Estimated tax payments should also be made for the year ending June 30, 2010 as follows:

	Federal	MT
<u>May 15, 2010</u>	<u>\$143,000</u>	<u>\$30,430</u>
Total	\$143,000	\$30,430

The deposit should be made either through electronic funds transfer or using a deposit coupon, whichever is appropriate.

Organizations are required to provide a copy of their annual returns (Form 990 and 990-T) for the last three years and their exemption application (Form 1023 or 1024) to anyone who requests them. You must provide the entire 990, Schedule A and B. However, the names and addresses of the donors may be omitted from the Public Inspection copy of Schedule B.

The copies stamped "Client Copy" are to be retained for your files. Before filing the returns, review them carefully to assure there are no omissions or misstatements. To have evidence of timely filing, we suggest the returns be mailed by certified mail, return receipt requested

Sincerely,

LarsonAllen LLP



Karen A Gries, CPA
Principal
Ph: 612-376-4716
Fax: 612-376-4850
kgries@larsonallen.com

Enclosures

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

COMMUNITY MEDICAL CENTER, INC.

81-0247705

Name and title of officer

DAVID RICHHART
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/> b	Total revenue, if any (Form 990, line 12)	1b	<u>139308574</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/> b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/> b	Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/> b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/> b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LARSONALLEN LLP to enter my PIN 13127
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 41312759408
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 5/13/2010

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047
2008
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY MEDICAL CENTER, INC. Doing Business As		D Employer identification number 81-0247705
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2827 FORT MISSOULA ROAD		E Telephone number 406-728-4100
		City or town, state or country, and ZIP + 4 MISSOULA, MT 59804		G Gross receipts \$ 139,701,178. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: STEVE CARLSON SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.COMMUNITYMED.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1948	
M State of legal domicile: MT				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE EXCEPTIONAL HEALTHCARE SERVICES TO PEOPLE OF THE MONTANA REGION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 15		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 13		
	5	Total number of employees (Part V, line 2a) 5 1174		
	6	Total number of volunteers (estimate if necessary) 6 123		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 1,259,672.		
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 420,320.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 152,078.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 128,847,258.	128,847,258.	131,630,032.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 781,892.	781,892.	867,303.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 421,787.	421,787.	6,811,239.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 130,203,015.	130,203,015.	139,308,574.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 173,785.		173,785.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 60,075,266.	60,075,266.	66,652,014.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 61,901,714.	61,901,714.	61,422,954.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 121,976,980.	121,976,980.	128,248,753.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 8,226,035.	8,226,035.	11,059,821.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	96,084,926.	107,203,921.
	22	Net assets or fund balances. Subtract line 21 from line 20 44,365,733.	44,365,733.	45,820,900.
			51,719,193.	61,383,021.

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 ▶ Signature of officer: DAVID RICHHART, CFO Date: _____
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: LARSON ALLEN LLP Date: _____ Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 EIN: _____
 Phone no.: 612-376-4500

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

COMMUNITY MEDICAL CENTER (CMC) WILL IMPROVE THE HEALTH OF THE PEOPLE IN OUR REGION THROUGH EXCEPTIONAL CARE AND SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 103,452,069. including grants of \$ 173,785.) (Revenue \$ 130,370,360.)

CMC PROVIDES DAILY PATIENT SERVICES, PROFESSIONAL AND TECHNICAL SERVICES, AND REHABILITATION SERVICES FOR PATIENT CARE.

5,995 INPATIENTS ARE ADMITTED TO CMC EACH YEAR.

125,341 OUTPATIENT SERVICES ARE PROVIDED ANNUALLY.

105,996 VISITS ARE MADE TO OUR PHYSICIANS.

THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY POLICY AGGREGATED APPROXIMATELY \$3,750,000 FOR THE YEAR ENDED JUNE 30, 2009.

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 \$ 103,452,069. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	117		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
	1174		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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, Exocutive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	MT
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	DAVID RICHHART - 406-327-4083 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TANYA ASK BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS BEAUDETTE BOARD MEMBER	1.00	X					0.	0.	0.	
SCOTT STEARNS BOARD MEMBER	1.00	X					0.	0.	0.	
STEVE CARLSON PRESIDENT/CEO	40.00	X		X			362,848.	0.	47,653.	
FRANK D'ANGELO BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN VANSTRYDONCK BOARD MEMBER	1.00	X					0.	0.	0.	
HUGH JESSE BOARD MEMBER	1.00	X					0.	0.	0.	
GEORGE MANLOVE BOARD MEMBER	1.00	X					0.	0.	0.	
ROGER MUNRO, MD VICE CHAIR PERSON	1.00	X					0.	0.	0.	
CARL MUUS, MD BOARD MEMBER	1.00	X					0.	0.	0.	
JAN PARKS BOARD MEMBER	1.00	X					0.	0.	0.	
SHAREN PETERS BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT PHILLIPS CHAIR PERSON	1.00	X					0.	0.	0.	
RICHARD ZINS BOARD MEMBER	1.00	X					0.	0.	0.	
JANET HILLER, MD BOARD MEMBER/PHYSICIAN	40.00	X					447,992.	0.	48,533.	
GLEN HENKEL BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL BRABY, MD BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID RICHHART CFO	40.00			X				194,228.	0.	37,435.
JANIECE PERRY VP PATIENT CARE SERVICES	40.00				X			152,556.	0.	34,432.
LEIGH THURSTON CIO	40.00				X			155,520.	0.	24,571.
MARK KANETA PHYSICIAN	40.00					X		443,085.	0.	59,063.
GREGORY UTTER PHYSICIAN MEDICAL DOCTOR	40.00					X		386,931.	0.	55,720.
THOMAS LOWDER PHYSICIAN	40.00					X		226,745.	0.	42,144.
JOHN SMITH PHYSICIAN	40.00					X		217,446.	0.	47,119.
NANCY EYLER PHYSICIAN	40.00					X		197,115.	0.	15,184.
1b Total								2,784,466.	0.	411,854.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MT HEART ANGIO LAB, LLC 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804	HEART CATH SERVICES	2,124,886.
GE MEDICAL SYSTEMS GE HEALTHCARE OEC, CHICAGO, IL 60693	SUPPLIES & SERVICES	858,733.
SIEMENS 1129 C/O MELLON BANK, DALLAS, TX 75312	SUPPLIES & SERVICES	781,506.
PARTNERS INC PO BOX 7515, MISSOULA, MT 59807	SUPPLIES & SERVICES	645,867.
SOUND PHYSICIANS 1123 PACIFIC AVENUE, TACOMA, WA 98402	PHYSICIAN SERVICES	643,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 42

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	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					
	Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621500	128,681,637.	127,421,965.	1,259,672.
b JV ANCILLARY REVENUE		621500	2597251.	2597251.		
c HEART LAB REVENUE		621500	351,144.	351,144.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			131,630,032.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		827,277.		827,277.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	338791.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	338791.			
	d Net rental income or (loss)		338,791.		338,791.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	432630.			
		b Less: cost or other basis and sales expenses		392604.		
		c Gain or (loss)	40,026.			
	d Net gain or (loss)		40,026.		40,026.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a IMPAIRMENT REVERSAL IN	900099	4809373.			4,809,373.	
b MISCELLANEOUS REVENUE	900099	1663075.			1,663,075.	
c						
d All other revenue						
e Total. Add lines 11a-11d		6472448.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		139,308,574.	130,370,360.	1,259,672.	7,678,542.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	173,785.	173,785.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,021,110.	371,866.	649,244.	
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	53,376,767.	44,019,756.	9,357,011.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,748,587.	1,445,382.	303,205.	
9 Other employee benefits	7,426,848.	7,419,960.	6,888.	
10 Payroll taxes	3,078,702.	2,514,375.	564,327.	
11 Fees for services (non-employees):				
a Management				
b Legal	261,212.		261,212.	
c Accounting	111,827.		111,827.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	15,274,081.	9,096,770.	6,177,311.	
12 Advertising and promotion				
13 Office expenses	25,674,636.	19,672,499.	6,002,137.	
14 Information technology				
15 Royalties				
16 Occupancy	2,349,418.	2,335,677.	13,741.	
17 Travel	769,183.	427,706.	341,477.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,477,169.	1,370,164.	107,005.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,279,893.	5,279,893.		
23 Insurance	1,614,164.	1,076,249.	537,915.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT	6,548,506.	6,548,506.	0.	
b LICENSE & FEES	1,477,094.	1,477,094.	0.	
c DUES & SUBSCRIPTIONS	449,503.	174,765.	274,738.	
d MISCELLANEOUS EXPENSES	136,268.	47,622.	88,646.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	128248753.	103452069.	24,796,684.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	508,529.	1	16,603,889.
	2	Savings and temporary cash investments	10,417,583.	2	8,677,695.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,007,131.	4	18,730,757.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,380,669.	7	5,154,301.
	8	Inventories for sale or use	2,695,024.	8	3,338,797.
	9	Prepaid expenses and deferred charges	901,059.	9	768,978.
	10a	Land, buildings, and equipment: cost basis	10a 80,289,624.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 46,722,027.	10c	33,567,597.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	21,768,995.	12	14,011,455.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,782,985.	15	6,350,452.
16	Total assets. Add lines 1 through 15 (must equal line 34)	96,084,926.	16	107,203,921.	
Liabilities	17	Accounts payable and accrued expenses	15,728,012.	17	18,094,647.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	15,955,000.	20	14,780,000.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,952,601.	23	5,943,244.
	24	Unsecured notes and loans payable		24	1,674,109.
	25	Other liabilities. Complete Part X of Schedule D	3,730,120.	25	5,328,900.
	26	Total liabilities. Add lines 17 through 25	44,365,733.	26	45,820,900.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	44,418,715.	27	55,836,030.
	28	Temporarily restricted net assets	4,347,633.	28	2,582,291.
	29	Permanently restricted net assets	2,952,845.	29	2,964,700.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	51,719,193.	33	61,383,021.	
34	Total liabilities and net assets/fund balances	96,084,926.	34	107,203,921.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

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: (Please check only one organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		209,682.		209,682.
b Buildings		37,145,405.	18,850,860.	18,294,545.
c Leasehold improvements		610,830.	401,584.	209,246.
d Equipment		40,030,278.	27,227,129.	12,803,149.
e Other		2,293,429.	242,454.	2,050,975.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				33,567,597.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
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	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

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

**SCHEDULE H
(Form 990)**

OMB No. 1545-0047

Hospitals

2008

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Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

Name of the organization **COMMUNITY MEDICAL CENTER, INC.** Employer identification number **81-0247705**

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
1b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Does the organization prepare an annual community benefit report?	6a	
b If "Yes," does the organization make it available to the public?	6b	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number
81-0247705

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (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
UNITED WAY P.O. BOX 7395 MISSOULA, MT 59806	81-0287854	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
MISSOULA CHAMBER OF COMMERCE P.O. BOX 7577 MISSOULA, MT 59807	81-0167990	501(C)(3)	11,250.	0.			TO SUPPORT GENERAL OPERATIONS.
PARTNERSHIP HEALTH CENTER 323 W. ALDER STREET MISSOULA, MT 59802	36-3843543	501(C)(3)	35,000.	0.			TO SUPPORT GENERAL OPERATIONS.
AMERICAN HEART ASSOCIATION 710 2ND AVENUE, SUITE 900 SEATTLE, WA 98104	13-5613797	501(C)(3)	26,671.	0.			TO SUPPORT GENERAL OPERATIONS.
MISSOULA AREA ECONOMIC DEVELOPEMENT - 1121 E BROADWAY, SUITE 100 - MISSOULA, MT 59802	81-0392565	501(C)(6)	15,000.	0.			TO SUPPORT GENERAL OPERATIONS.
CMC FOUNDATION 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	36-3627205	501(C)(3)	17,632.	0.			TO SUPPORT GENERAL OPERATIONS.

2 Enter total number of section 501(c)(3) and government organizations **7.**

3 Enter total number of other organizations **1.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

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

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

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number
81-0247705

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMILTON PERFORMING ARTS CENTER 164 SOUTH 3RD STREET, SUITE A HAMILTON, MT 59840	81-6000830	501(C)(3)	6,500.	0.			TO SUPPORT GENERAL OPERATIONS.
NATIONAL CENTER OF HEALTH INFORMATICS - 1300 WEST PARK STREET - BUTTE, MT 59701	77-0652287	501(C)(3)	7,500.	0.			SPONSORSHIP.

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

FORM 990, PART VI, SECTION A, LINE 3: COMMUNITY MEDICAL CENTER'S BOARD OF DIRECTORS DELEGATES AUTHORITY TO THE COMPENSATION COMMITTEE TO ACT ON BEHALF OF MANAGEMENT IN ORDER TO DETERMINE COMPENSATION FOR KEY EMPLOYEES AND OTHER EXECUTIVES. THIS COMMITTEE IS MADE UP OF CURRENT BOARD MEMBERS OF CMC.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CEO AND CFO AND THEN WAS GIVEN TO THE MEMBERS OF THE BOARD OF DIRECTORS DURING THEIR MEETING FOR REVIEW BEFORE IT WAS FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL REAL OR POTENTIAL CONFLICT OF INTEREST MUST BE IMMEDIATELY REFERRED TO THE INTEGRITY OFFICER FOR RESOLUTION. CMC'S EMPLOYEE HANDBOOK AND STANDARDS OF CONDUCT IS GIVEN TO EACH NEW HIRE UPON EMPLOYMENT, UNDER THE STANDARDS OF CONDUCT THERE IS A SECTION ON CONFLICTS OF INTEREST AND HOW TO HANDLE THE CONFLICT. CONFLICTS ARE TO BE REPORTED DIRECTLY TO THE IMMEDIATE SUPERVISOR AND CMC ALSO OFFERS AN ANONYMOUS HOTLINE SERVICES. ONCE A YEAR THE CONFLICT OF INTEREST POLICY IS REVIEWED AT A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: COMMUNITY MEDICAL CENTER ESTABLISHES SALARY RANGES FOR ALL POSITIONS BASED ON LABOR MARKET DATA DERIVED FROM SEVERAL SOURCES: SALARY.COM, MONTANA HOSPITAL ASSOCIATION, ASSOCIATED EMPLOYERS, THE HAY GROUP, AND INTEGRATED HEALTHCARE STRATEGIES HAVE BEEN THE PRIMARY SOURCES OF INFORMATION FOR MOST POSITIONS AT THE HOSPITAL. FOR EXECUTIVES WE UTILIZE DATA FROM SALARY.COM, MERCER, SULLIVAN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

AND COTTER, INTEGRATED HEALTHCARE STRATEGIES, AND PHYSICIAN EXECUTIVE COMPENSATION SURVEYS FROM THE AMERICAN COLLEGE OF PHYSICIANS TO ESTABLISH A MEDIAN MARKET RATE AND THE 75TH PERCENTILE, WHICH WE USE AS OUR MAXIMUM. THE SALARY IS GENERALLY PEGGED AT THE 50TH PERCENTILE AND ADJUSTED IF NECESSARY DEPENDING ON EXPERIENCE AND OTHER RELATED FACTORS.

AN EXECUTIVE SURVEY HAS BEEN COMPLETED THROUGH A THIRD PARTY APPROXIMATELY EVERY THREE YEARS TO MAKE SURE THAT KEY EMPLOYEE SALARIES (ABOVE \$150,000) ARE STILL WITHIN THE MARKET RANGES ESTABLISHED AND THIS DATA IS PRESENTED TO THE BOARD OF DIRECTORS THROUGH A COMPENSATION COMMITTEE COMPOSED OF BOARD MEMBERS. FROM THAT MEETING, DECISIONS ARE MADE AND PLANS ARE DEVELOPED TO TAKE ACTION ON ANY SALARY ADJUSTMENTS THAT NEED TO BE MADE, INCLUDING ADJUSTMENTS TO TOTAL COMPENSATION (BONUS, PERQUISITES). THIS SURVEY WAS CONDUCTED IN 2007 AND HAS JUST BEEN COMPLETED FOR THIS YEAR WHICH WILL BE SHARED AT AN UPCOMING MEETING WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2B
EXPLANATION FOR AUDIT BY INDEPENDENT ACCOUNTANT
PER IRS INSTRUCTIONS, PART XI, LINE 2B IS CHECKED "NO" BECAUSE THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION HAD A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

INDEPENDENT ACCOUNTANT.

FORM 990, PART IV, LINE 12

AUDITED FINANCIAL STATEMENTS

PER IRS INSTRUCTIONS, THE QUESTION IS CHECKED "NO" BECAUSE THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION RECEIVED AN AUDITED FINANCIAL STATEMENT FOR THE YEAR FOR WHICH IT IS COMPLETING THIS RETURN THAT WAS PREPARED IN ACCORDANCE WITH GAAP.

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes No
							Yes	No		
MONTANA HEART ANGIO LABS, LLC - 81-0542065, 2827 FORT MISSOULA ROAD, MISSOULA, MT 58904	FREE STANDING CATH LAB	MT	COMMUNITY MEDICAL CENTER	RELATED	351,444.	439,244.		X	N/A	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) COMMUNITY MEDICAL CENTER FOUNDATION	K	417,184.
(2) COMMUNITY MEDICAL CENTER FOUNDATION	P	291,090.
(3)		
(4)		
(5)		
(6)		

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2008

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY MEDICAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2827 FORT MISSOULA ROAD City or town, state, and ZIP code MISSOULA, MT 59804	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 81-0247705 E Unrelated business activity codes (See instructions for Block E on page 9.) 621500
C Book value of all assets at end of year 1,935,545.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ LAB SERVICES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ DAVID RICHHART** Telephone number **▶ 406-327-4083**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 1	12	1,259,672.	1,259,672.
13 Total. Combine lines 3 through 12	13	1,259,672.	1,259,672.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	167,486.
16 Repairs and maintenance	16	3,400.
17 Bad debts	17	61,358.
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	30,425.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	575,683.
29 Total deductions. Add lines 14 through 28	29	838,352.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	421,320.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	421,320.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	420,320.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		\$	
(2) Additional 3% tax (not more than \$100,000)		\$	
c Income tax on the amount on line 34		35c	142,909.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	142,909.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
40b Other credits (see instructions)	40b		
40c General business credit. Attach Form 3800	40c		
40d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
40e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41		142,909.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		142,909.
44a Payments: A 2007 overpayment credited to 2008	44a		
44b 2008 estimated tax payments	44b	27,480.	
44c Tax deposited with Form 8868	44c		
44d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
44e Backup withholding (see instructions)	44e		
44f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44f		
45 Total payments. Add lines 44a through 44f	45		27,480.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	46		391.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		115,820.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded	49		

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
4b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: CFO

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

Paid Preparer's Use Only

Preparer's signature: *Larson Allen Lee* Date: 5/13/2008 Check if self-employed

Firm's name (if self-employed), address, and ZIP code: LARSON ALLEN LEE, 220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402

Preparer's SSN or PTIN: P00078514

EIN: 41-0746749

Phone no.: 612-376-4500

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A).
 Total dividends-received deductions included in column 8 **0.** Enter here and on page 1, Part I, line 7, column (B).

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).
 **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
LAB REVENUE		1,259,672.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		1,259,672.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
ADMIN & ALLOCABLE OVERHEAD		293,211.	
PROFESSIONAL FEES		6,616.	
PURCHASED SERVICES		79,995.	
SUPPLIES		187,264.	
OTHER SUPPLIES		3,889.	
LEASES		889.	
EDUCATION AND TRAVEL		790.	
MINOR EQUIPMENT		1,628.	
DUES AND SUBSCRIPTIONS		175.	
OTHER MISC		59.	
SERVICE EXCELLENCE		167.	
TAX PREPARATION FEE		1,000.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		575,683.	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM 990-T

2008

Name COMMUNITY MEDICAL CENTER, INC.	Employer identification number 81-0247705
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	142,909.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	142,909.
4 Enter the tax shown on the corporation's 2007 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	27,470.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	27,470.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/08	12/15/08	03/15/09	06/15/09
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	6,868.	6,867.	6,868.	6,867.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				27,480.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				27,480.
14 Add amounts on lines 16 and 17 of the preceding column	14		6,868.	13,735.	20,603.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	6,877.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		6,868.	13,735.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	6,868.	6,867.	6,868.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2008 and before 7/1/2008	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2008 and before 10/1/2008	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2009 and before 10/01/2009	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 391.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) COMMUNITY MEDICAL CENTER, INC.					Identifying Number 81-0247705
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/08	6,868.	6,868.	61	.000163934	69.
12/15/08	6,867.	13,735.	16	.000163934	36.
12/31/08	0.	13,735.	74	.000136986	139.
03/15/09	6,868.	20,603.	16	.000136986	45.
03/31/09	0.	20,603.	45	.000109589	102.
05/15/09	-27,480.	-6,877.			
06/15/09	6,867.	-10.			
Penalty Due (Sum of Column F)					391.

* Date of estimated tax payment, withholding credit date or installment due date.

Form-CT
1019

**Montana Corporation License Tax
Payment Voucher**

Please use this voucher to ensure proper credit of your payment. Also, write your federal identification number and tax year on your check.

X 1. Current Year

Name COMMUNITY MEDICAL CENTER, INC.
Telephone # 406-327-4083

2. Estimated

5. Period Ending Date 06 30 2009

3. Extension

6. FEIN 810247705

4. Amended

Department of Revenue
PO Box 8021
Helena, MT 59604-8021

7. Amount Paid 32,683.00

C

2008 Corporation License Tax Return

MONTANA Form CLT-4 Rev. 8-08

For calendar year 2008 or tax year beginning (MM-DD) JUL 1, 2008 and ending (MM-DD-YY) JUN 30 2009

Check if applicable:

- Initial Return [X]
Final Return []
Amended Return []
Refund Return []

Corporation Name: COMMUNITY MEDICAL CENTER, INC.
Mailing Address: 2827 FORT MISSOULA ROAD
City: MISSOULA State: MT ZIP + 4: 59804

FEIN: 81-0247705
Federal Business Code: 621510
Incorporated in State of: MONTANA
Date: 03/26/1976
Date Qualified in Montana:

Check this box if you do not need the Montana corporation license tax return and instructions sent to you next year.

Copy of signed federal Form 1120 as filed with the Internal Revenue Service must be attached

Part I - Filing Method.

- 1. Check this box if you are exempt from tax under the provision of Public Law 86-272.
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes?
3. Are you filing a combined return for Montana purposes?
4. If you answered "Yes" to questions 2 or 3 above, then check one of the following filing methods and attach Schedule M:
5. If you answered "Yes" to questions 2 or 3 above, you must attach pages 1 through 4 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:

Part II - Amended Return Only. Check all that apply.

- a. Federal Revenue Agent Report; a complete copy of this report must be attached
b. NOL carryback/carryforward; year(s) of loss
c. Apportionment factor changes; attach a statement explaining all adjustments in detail
d. Amended federal tax return (Form 1120X); a complete copy of the federal Form 1120X must be attached
e. Application and/or change in tax credit; type of credit being claimed
f. Other; attach a statement explaining all adjustments in detail

Part III - General Questions. All questions must be answered.

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page). PROVIDE LAB SERVICES IN MISSOULA, MONTANA.
b. Is this your corporation's first Montana tax return?
c. Is this your corporation's final Montana tax return?
d. For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction that you have not filed with the Montana Department of Revenue?
e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service?

COMMUNITY MEDICAL CENTER, INC.

Form CLT-4, Page 2

Period End Date 06/30/09

FEIN 81-0247705

Part III - continued

- f. Have you filed an amended federal return for any of the last five taxable periods? Yes No
 If "Yes," for which years have you filed amended Montana returns? _____
- g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? Yes No
 If "Yes," enter name: _____ % of ownership: _____
- h. Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? Yes No
 If "Yes," enter name: _____ % of ownership: _____
- i. If the answer to question (g) or (h) is "Yes," did the same individual, partnership, corporation, estate or trust at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another (brother-sister) corporation? Yes No
- j. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation that is not included in the consolidated group? Yes No
- k. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a foreign corporation? Yes No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? If "Yes," enter foreign entity's name: _____ and % of ownership: _____ Yes No
- If you answered "Yes" to any of the above questions (h) through (l), you will need to complete and attach Schedule M.**

Part IV - Reporting of Special Transactions.

Check "Yes" if you filed any of the following forms with the Internal Revenue Service.

You will need to attach to your Montana tax return a complete copy of any of these applicable forms.

- a. I filed federal Form 8918 - Material Advisor Disclosure Statement with the Internal Revenue Service. Yes No
 Form 8918 is required to be filed by material advisors to any reportable transactions.
- b. I filed federal Form 8824 - Like-Kind Exchanges with the Internal Revenue Service. Yes No
 Check "Yes" if your like-kind exchange includes Montana property.
 Form 8824 is used to report each exchange of business or investment property for property of a like-kind.
- c. I filed federal Form 8865 - Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Yes No
 Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships), or Section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest.)
- d. I filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service. Yes No
 Form 8886 is used to disclose information for each reportable transaction in which you participated.

Declaration - Under penalties of perjury, I, the undersigned officer of the corporation, declare that to the best of my knowledge and belief, this return and accompanying schedules are a true, correct, and complete return made in good faith for the income period stated above, pursuant to Montana corporation license tax law and regulations.

Signature of officer		Date
Print name of officer	Title CFO	Telephone number, ext. 406-327-4083
Preparer's name <i>[Signature]</i>	Firm's name LARSONALLEN LLP	Date 5/13/2010
Preparer's identification number 41-0746749		Telephone number 612-376-4500

Check here to authorize the Montana Department of Revenue to discuss your return with the individual/preparer listed above.

Mail to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021

COMMUNITY MEDICAL CENTER, INC.

Form CLT-4, Page 3

Period End Date 06/30/09

FEIN 81-0247705

862311
10-09-08

Computation of Montana Taxable Income and Net Amount Due

1. Taxable income reported on your federal return (line 28) (attach a copy of signed federal Form 1120)	1.	420,320.
2. Additions:		
2a. State, local, foreign and franchise taxes based on income (attach breakdown of your Form 1120, line 17)	2a.	30,425.
2b. Federal tax exempt interest	2b.	
2c. Contributions used to compute qualified endowment credit	2c.	
2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers	2d.	
2e. Income/loss of unitary corporations not included in federal consolidated return	2e.	
2f. Extraterritorial income exclusion	2f.	
2g. Deemed dividends - Water's Edge filers only. (attach Schedule WE)	2g.	
2h. Income/loss of corporations incorporated in tax havens - Water's Edge filers only	2h.	
2i. Federal capital loss carry-over utilized on federal return	2i.	
2j. All of your other additions (attach a detailed breakdown)	2j.	
Add lines 2a through 2j and enter the result. This is the total of your additions	2.	30,425.
3. Reductions:		
3a. IRC Section 243 dividend received deduction	3a.	
3b. Nonbusiness income (attach a detailed breakdown)	3b.	
3c. Montana recycling deduction (attach Form RCYL)	3c.	
3d. Income/loss of nonunitary corporations included in federal consolidated return	3d.	
3e. Income/loss of 80/20 companies - Water's Edge filers only	3e.	
3f. Capital loss incurred in current year (attach federal Schedule D)	3f.	
3g. All of your other reductions (attach a detailed breakdown)	3g.	
Add lines 3a through 3g and enter the result. This is the total of your reductions	3.	
4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income	4.	450,745.
5. Income apportioned to Montana (multiply line 4 X _____ % from Schedule K, line 5) and enter the result	5.	
Combined filers must use the Schedule K-Combined included on page 7 of Form CLT-4.		
6. Enter the income that you allocated directly to Montana (attach a detailed breakdown)	6.	
7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4)	7.	450,745.
If line 7 is a loss, do you wish to forego the net operating loss carry-back provision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: If you have reported a loss on line 7 and have not checked either box, the loss has to be carried back first.		
8. Enter your Montana net operating loss carried over to this period (attach a detailed schedule)	8.	0.
9. Subtract line 8 from line 7 and enter the result here. This is your Montana taxable income	9.	450,745.
10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). This is your Montana tax liability	10.	30,425.
Note: This amount cannot be less than the minimum tax liability of \$50.		
<input type="checkbox"/> Check this box if you are calculating your tax liability using the Alternative Tax method.		
11. Payments:		
11a. 2007 overpayment	11a.	
11b. Tentative payment	11b.	
11c. Quarterly estimated tax payments	11c.	
11d. Montana mineral royalty tax withheld (attach Form(s) 1099)	11d.	
11e. All other payments. Describe _____	11e.	
11f. Previously issued refunds. Describe _____	11f.	()
Add lines 11a through 11f and enter the result. This is the total of your payments	11.	
12. Enter total credits (from Schedule C)	12.	
13. Add lines 11 and 12, then subtract from line 10 and enter result. This is your tax due or <overpayment>	13.	30,425.
14. Enter the amount of overpayment that you want to be applied to your 2009 estimated tax	14.	
15. Add lines 13 and 14; enter the result. This is your net tax due or <overpayment>	15.	30,425.
16. Enter interest on all the tax paid after the due date, calculated at 12% per year, on a daily basis	16.	
17. Enter estimated tax underpayment interest (attach Form CLT-4-UT)	17.	2,258.
<input type="checkbox"/> Check this box if you are using the annualized income or adjusted seasonal income method.		
18. Penalty:		
18a. Enter your late filing penalty (see instructions)	18a.	
18b. Enter your late payment penalty (see instructions)	18b.	
Add lines 18a and 18b; enter the result. This is your total penalty	18.	
19. Add lines 15 through 18; enter the result on line 19a or 19b below.		
19a. If the result is positive, enter the amount due here. This is your total amount due	19a.	32,683.
Attach your remittance payable to Montana Department of Revenue or visit our website at mt.gov/revenue for electronic payment options.		
19b. If the result is negative, enter the refund due here. This is your total refund	19b.	()

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
1. New/Expanded Industry Credit			
2. Interest Differential Credit			
3. Montana Dependent Care Assistance Credit (attach Form DCAC)			
4. Montana College Contribution Credit (attach Form CC)			
5. Health Insurance for Uninsured Montanans Credit (attach Form HI)			
6. Montana Recycle Credit (attach Form RCYL)			
7. Alternative Energy Production Credit (attach Form AEPC)			
8. Contractor's Gross Receipts Tax Credit (attach supporting schedule)			
9. Alternative Fuel Credit (attach Form AFCR)			
10. Infrastructure Users Fee Credit			
11. Qualified Endowment Credit (attach Form QEC)			
11a. Qualified Endowment Credit Recapture			()
12. Historical Buildings Preservation Credit (attach federal Form 3468)			
12a. Historical Buildings Preservation Credit Recapture			()
13. Increase Research and Development Activities Credit (attach Form RSCH)			
14. Mineral Exploration Incentive Credit			
15. Empowerment Zone Credit			
16. Film Production Credit (attach Form FPC)			
16a. Film Production Credit Recapture			()
17. Biodiesel Blending and Storage Credit (attach Form BBSC)			
17a. Biodiesel Blending and Storage Credit Recapture			()
18. Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)			
18a. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			()
19. Geothermal System Credit (attach Form ENRG-A)			
20. Insure Montana Small Business Health Insurance Credit			
21. Temporary Emergency Lodging Credit (attach Form TELC)			
22. Add totals of lines 1 through 21 and enter the result here. This is the total of your credits. Enter the total in column C on Form CLT-4, page 3, line 12.			

To receive these credits, you will have to attach this Schedule C and the applicable credit forms or other required information.

Underpayment of 2008 Estimated Tax By Corporation

Instructions attached

For calendar year 2008 or tax year beginning (MM-DD-YY) 07/01/08 and ending (MM-DD-YY) 06/30/09
Corporation name COMMUNITY MEDICAL CENTER, INC. FEIN 81-0247705

Part I Figuring your underpayment

1. Enter your Montana tax liability from Form CLT-4, page 3, line 10.	1.	30,425.
2. Enter your total credits from Form CLT-4, page 3, line 12.	2.	
3. Subtract line 2 from line 1. If the result is less than \$5,000, you do not need to complete the rest of this form because you do not owe the interest. Otherwise, go to line 4.	3.	30,425.
4. a. Multiply line 3 by 80% and enter the result.	4a.	24,340.
b. Enter 100% of the Montana tax liability shown on your previous year's CLT-4 (see instructions).	4b.	
c. Enter the lesser of line 4a or 4b (see instructions).	4c.	24,340.

	A	B	C	D
5. Enter in columns A through D the quarterly installment due dates (the 15th day of the fourth, sixth, ninth, and twelfth months of your tax year). ...	10/15/2008	12/15/2008	03/16/2009	06/15/2009
6. Multiply the amount in 4c by 25% and enter this amount in each column of line 6 unless you use the annualized income installment method and/or the adjusted seasonal installment method. If so, complete the worksheet in the instructions and enter the amount from line 41 of the worksheet in each column of line 6. Also check this box <input type="checkbox"/> and attach a copy of the worksheet to this form. These are your required installments.	6,085.	6,085.	6,085.	6,085.

Complete lines 7 through 14 for one column before completing the next column.

7. Enter the amount paid or credited for each period (see instructions).	7.			
8. Enter the amount, if any, from line 14 of the previous column.	8.			
9. Add lines 7 and 8; enter the result.	9.			
10. Add the amounts on lines 12 and 13 of the previous column and enter the result.	10.	6,085.	12,170.	18,255.
11. Subtract line 10 from line 9 and enter the result. If less than zero, enter zero.	11.	0.	0.	0.
12. If the amount on line 11 is zero, subtract line 9 from line 10 and enter the result. Otherwise, enter zero.	12.	6,085.	12,170.	18,255.
13. If line 11 is less than or equal to line 6, subtract line 11 from line 6 and enter the result. Then go to line 7 of the next column. Otherwise, go to line 14. This is your underpayment.	13.	6,085.	6,085.	6,085.
14. If line 6 is less than line 11, subtract line 6 from line 11 and enter the result. Then go to line 7 of the next column. This is your overpayment.	14.			

Part II Figuring your underpayment interest

15. Enter the date of payment or the 15th day of the fifth month after the close of the tax year, whichever is earlier. STATEMENT 1	15.	11/15/2009	11/15/2009	11/15/2009	11/15/2009
16. Enter the number of days from the installment due date on line 5 to the date shown on line 15.	16.	396.	335.	245.	153.
17. Multiply line 13 by line 16. Multiply the result by 12% and then divide the result by 365.	17.	792.	670.	490.	306.
18. Add all amounts on line 17, columns A through D. Enter the result here and on Form CLT-4, page 3, line 17. This is your total underpayment interest.	18.				2,258.

MT CLT-4-UT COMPUTATION OF UNDERPAYMENT PENALTY STATEMENT 1

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A		Q	6,085.	10/15/2008 12/31/2008	77	12.00%	154.
		L	6,085.	12/31/2008 11/15/2009	319	12.00%	638.
B		Q	6,085.	12/15/2008 12/31/2008	16	12.00%	32.
		L	6,085.	12/31/2008 11/15/2009	319	12.00%	638.
C		Q	6,085.	03/15/2009 11/15/2009	245	12.00%	490.
D		Q	6,085.	06/15/2009 11/15/2009	153	12.00%	306.
STATEMENT FOR LINES 15 - 17, TOTAL TO FORM CLT-4-UT, LINE 18							2,258.

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
 P = PAYMENT OR WITHHOLDING
 R = INTEREST RATE CHANGE
 L = SWITCH TO OR FROM A LEAP YEAR

Form-CT
1019

**Montana Corporation License Tax
Payment Voucher**

Please use this voucher to ensure proper
credit of your payment. Also, write your federal
identification number and tax year on your check.

1. Current Year

Name COMMUNITY MEDICAL CENTER,
Telephone # 406-327-4083

X 2. Estimated

3. Extension

4. Amended

5. Period Ending Date 06 30 2010

6. FEIN 810247705

7. Amount Paid 30,430.00

**Department of Revenue
PO Box 8021
Helena, MT 59604-8021**