

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2009

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements



**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

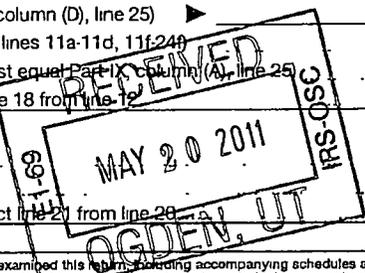
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE EXCEPTIONAL HEALTHCARE SERVICES TO PEOPLE OF THE MONTANA REGION.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	1357
	6 Total number of volunteers (estimate if necessary)	6	125
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	591,864.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-140,357.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		2,332,902.
	9 Program service revenue (Part VIII, line 2g)	131,630,032.	139,150,066.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	867,303.	541,556.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,811,239.	2,575,042.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,308,574.	144,599,566.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	173,785.	136,634.
	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)	66,652,014.	67,111,393.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	61,422,954.	67,532,215.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	128,248,753.	134,780,242.	
19 Revenue less expenses Subtract line 18 from line 12	11,059,821.	9,819,324.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	107,203,921.	111,286,834.
	22 Net assets or fund balances Subtract line 21 from line 20	45,820,900.	40,688,024.
		61,383,021.	70,598,810.

<b>Part II Signature Block</b> 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.			
<b>Sign Here</b> ▶ <i>David Richhart</i> Signature of officer	Date <b>5/16/11</b>		
▶ <b>DAVID RICHHART, CFO</b> Type or print name and title			
<b>Paid Preparer's Use Only</b> Preparer's signature ▶ <i>Robert Schulz</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>LARSON ALLEN LLP</b> <b>220 SOUTH SIXTH STREET, SUITE 300</b> <b>MINNEAPOLIS, MN 55402</b>	Date <b>5-16-11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>PO#369682</b>
		EIN ▶	Phone no ▶ <b>612-376-4500</b>

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

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Part III Statement of Program Service Accomplishments

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?
If "Yes," describe these new services on Schedule O. [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O [ ] Yes [X] No

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 \$ 110,160,583, including grants of \$ 136,634. ) (Revenue \$ 139,150,066. )
CMC PROVIDES DAILY PATIENT SERVICES, PROFESSIONAL AND TECHNICAL SERVICES, AND REHABILITATION SERVICES FOR PATIENT CARE.
5,471 INPATIENTS ARE ADMITTED TO CMC EACH YEAR.
129,227 OUTPATIENT SERVICES ARE PROVIDED ANNUALLY.
99,106 VISITS ARE MADE TO OUR PHYSICIANS.
THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY POLICY AGGREGATED APPROXIMATELY \$4,230,000 FOR THE YEAR ENDED JUNE 30, 2010.

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 \$ 110,160,583.

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school 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 United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 <b>Section 501(c)(3) organizations.</b> 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
<b>4a</b>	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>4b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1a		17
b Enter the number of voting members that are independent		
1b		17
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
2		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
3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
5		X
6 Does the organization have members or stockholders?		X
6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b		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	
8a	X	
b Each committee with authority to act on behalf of the governing body?	X	
8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10a		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?		
10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	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	
12c	X	
13 Does the organization have a written whistleblower policy?	X	
13	X	
14 Does the organization have a written document retention and destruction policy?	X	
14	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, Executive Director, or top management official	X	
15a	X	
b Other officers or key employees of the organization	X	
15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16a	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	
16b	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  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**DAVID RICHHART - 406-327-4002**  
**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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(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			
ROGER MUNRO BOARD CHAIR	1.00	X		X			0.	0.	0.	
SCOTT STEARNS 1ST VICE CHAIR	1.00	X		X			0.	0.	0.	
GEORGE MANLOVE 2ND VICE CHAIR	1.00	X		X			0.	0.	0.	
JOHN VANSTRYDONCK SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
TONYA ASK BOARD MEMBER	1.00	X					0.	0.	0.	
MARK GAARNAAS BOARD MEMBER	1.00	X					0.	0.	0.	
SCOTT HACKER BOARD MEMBER	1.00	X					0.	0.	0.	
SHAREN PETERS BOARD MEMBER	1.00	X					0.	0.	0.	
MIKE STEWART BOARD MEMBER	1.00	X					0.	0.	0.	
RICH ZINS BOARD MEMBER	1.00	X					0.	0.	0.	
FRANK D'ANGELO BOARD MEMBER	1.00	X					0.	0.	0.	
JAN PARKS BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT PHILLIPS BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS BEAUDETTE BOARD MEMBER	1.00	X					0.	0.	0.	
HUGH JESSE BOARD MEMBER	1.00	X					0.	0.	0.	
CARL MUUS, MD BOARD MEMBER	1.00	X					0.	0.	0.	
GLEN HENKEL 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			
GREG UTTER EX-OFFICIO/PHYSICIAN	40.00	X					375,943.	0.	35,225.	
WILL GRABER EX-OFFICIO	1.00	X					0.	0.	0.	
STEVE CARLSON PRESIDENT & CEO	40.00	X		X			387,280.	0.	36,535.	
DAVID RICHHART CFO	40.00			X			207,265.	0.	17,742.	
LARRY FAGERHAUG VP ORGANIZATIONAL DEVELOPMENT	40.00				X		217,144.	0.	17,248.	
FRANK REED, MD PRESIDENT OF PHYSICIAN GROUP	40.00				X		240,024.	0.	20,538.	
JONATHAN WEISUL, MD CHEIF MEDICAL OFFICER	40.00				X		344,059.	0.	13,992.	
MARK KANETA, MD PHYSICIAN	40.00					X	351,934.	0.	28,027.	
JANET HILLER, MD PHYSICIAN	40.00					X	331,174.	0.	23,707.	
NANCY EYLER, MD PHYSICIAN	40.00					X	285,838.	0.	17,438.	
<b>1b Total</b>							<b>3,298,750.</b>	<b>0.</b>	<b>261,589.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **65**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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	1,819,887.
MT CANCER SPECIALISTS PO BOX 7877, MISSOULA, MT 59807	PHYSICIAN SERVICES	1,216,762.
GE MEDICAL SYSTEMS PO BOX 843553, DALLAS, TX 75284	SUPPLIES & SERVICES	1,043,598.
COMPHEALTH PO BOX 972651, DALLAS, TX 75397	PHYSICIAN SERVICES	580,709.
PATRICK CINDRICH, MD 5990 CONSHISE DRIVE, MISSOULA, MT 59804	PHYSICIAN SERVICES	562,699.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **68**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1600131.			
	e Government grants (contributions)	1e	687,769.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,002.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2332902.			
	Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621500	136,835,515.	136,243,651.	591,864.
b JV ANCILLARY REVENUE		621500	2292067.	2292067.		
c HEART LAB REVENUE		621500	22,484.	22,484.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			139,150,066.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		533,283.		533,283.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	330586.			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	330586.			
	d Net rental income or (loss)		330,586.		330,586.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	175241.			
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	8,273.			
	d Net gain or (loss)		8,273.		8,273.	
	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	b			
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	b				
	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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE	900099	2244456.		2,244,456.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2244456.				
12 Total revenue. See instructions.		144,599,566.	138,558,202.	591,864.	3,116,598.	

**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	136,634.	136,634.		
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	1,916,274.	1,298,260.	618,014.	
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	52,928,055.	43,887,462.	9,040,593.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,818,739.	1,512,196.	306,543.	
9 Other employee benefits	7,538,542.	7,515,295.	23,247.	
10 Payroll taxes	2,909,783.	2,397,842.	511,941.	
11 Fees for services (non-employees)				
a Management				
b Legal	228,989.		228,989.	
c Accounting	87,237.		87,237.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	15,786,590.	10,413,843.	5,372,747.	
12 Advertising and promotion				
13 Office expenses	30,398,465.	23,636,783.	6,761,682.	
14 Information technology				
15 Royalties				
16 Occupancy	2,474,077.	2,451,165.	22,912.	
17 Travel	755,724.	450,143.	305,581.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,418,550.	1,418,550.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,550,166.	5,550,166.		
23 Insurance	1,547,914.	1,180,635.	367,279.	
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 <b>BAD DEBT</b>	6,577,722.	6,577,722.		
b <b>LICENSE &amp; FEES</b>	1,549,427.	1,542,287.	7,140.	
c <b>DUES &amp; SUBSCRIPTIONS</b>	510,336.	141,712.	368,624.	
d <b>LOSS ON BOND REFINANCIN</b>	500,596.		500,596.	
e <b>MISCELLANEOUS EXPENSES</b>	146,422.	49,888.	96,534.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	134780242.	110160583.	24,619,659.	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
<b>Assets</b>	1 Cash - non-interest-bearing	16,603,889.	1	11,748,642.
	2 Savings and temporary cash investments	8,677,695.	2	19,318,079.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,730,757.	4	20,745,002.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	5,154,301.	7	5,154,301.
	8 Inventories for sale or use	3,338,797.	8	3,145,847.
	9 Prepaid expenses and deferred charges	768,978.	9	974,189.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,354,846.		
	b Less: accumulated depreciation	10b 50,708,698.	10c 33,567,597.	35,646,148.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	14,011,455.	12	9,355,710.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,350,452.	15	5,198,916.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	107,203,921.	16	111,286,834.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	18,094,647.	17	17,072,127.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	14,780,000.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,943,244.	23	15,703,927.
	24 Unsecured notes and loans payable to unrelated third parties	1,674,109.	24	2,036,970.
	25 Other liabilities Complete Part X of Schedule D	5,328,900.	25	5,875,000.
	26 <b>Total liabilities.</b> Add lines 17 through 25	45,820,900.	26	40,688,024.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	55,836,030.	27	64,062,730.
	28 Temporarily restricted net assets	2,582,291.	28	3,532,702.
	29 Permanently restricted net assets	2,964,700.	29	3,003,378.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	61,383,021.	33	70,598,810.
	34 <b>Total liabilities and net assets/fund balances</b>	107,203,921.	34	111,286,834.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2009.</b> 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 <b>33 1/3% support test - 2008.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.**

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

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization

**COMMUNITY MEDICAL CENTER, INC.**

Employer identification number

**81-0247705**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		10,411.
<b>j</b> Total. Add lines 1c through 1i			10,411.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

**COMMUNITY MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND MONTANA HOSIPTAL ASSOCIATION. THESE ORGANIZATION PARTICIPATE IN LOBBYING ACTIVITIES.**

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 a certified historic structure

Preservation of open space

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

	Held at the End of the Tax 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 tax year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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
1c	
1d	
1e	
1f	

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

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

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

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

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

2 Provide the estimated percentage of the 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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		209,682.		209,682.
b Buildings		40,111,540.	20,539,746.	19,571,794.
c Leasehold improvements		553,288.	141,242.	412,046.
d Equipment		43,395,635.	30,027,710.	13,367,925.
e Other		2,084,701.		2,084,701.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 35,646,148.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 Other losses	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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

**Open to Public Inspection**

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

**Part I Charity Care and Certain Other Community Benefits at Cost**

- 1a Does the organization have a charity care policy? If "No," skip to question 6a
- b 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
  - Applied uniformly to all hospitals
  - Applied uniformly to most hospitals
  - Generally tailored to individual hospitals
- 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
  - 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:
    - 100%
    - 150%
    - 200%
    - Other \_\_\_\_\_ %
  - 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
    - 200%
    - 250%
    - 300%
    - 350%
    - 400%
    - Other \_\_\_\_\_ %
  - c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care
- 4 Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5a Does the organization budget amounts for free or discounted care provided under its charity care policy?
  - b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
  - 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?
- 6a Does the organization prepare an annual community benefit report?
  - b If "Yes," does the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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**

	(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
<b>Charity Care and Means-Tested Government Programs</b>						
a	Charity care at cost (from Worksheets 1 and 2)		3,506,972.	2,155,682.	1,351,291.	1.06%
b	Unreimbursed Medicaid (from Worksheet 3, column a)		19,853,089.	23,588,285.	-3,735,196.	-2.94%
c	Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		0.	0.		
d	<b>Total</b> Charity Care and Means-Tested Government Programs		23,360,061.	25,743,967.	-2,383,905.	-1.88%
<b>Other Benefits</b>						
e	Community health improvement services and community benefit operations (from Worksheet 4)		274,427.	0.	274,427.	.22%
f	Health professions education (from Worksheet 5)		709,323.	0.	709,323.	.56%
g	Subsidized health services (from Worksheet 6)		10,668,363.	5,908,569.	4,759,794.	3.74%
h	Research (from Worksheet 7)		0.	0.		
i	Cash and in-kind contributions to community groups (from Worksheet 8)		163,141.	0.	163,141.	.13%
j	<b>Total</b> Other Benefits		11,815,254.	5,908,569.	5,906,685.	4.65%
k	<b>Total</b> Add lines 7d and 7j		35,175,315.	31,652,536.	3,522,780.	2.77%

<b>Part II Community Building Activities</b> Complete this table if the organization conducted any community building activities		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing				0.		
2	Economic development			260,000.		260,000.	.19%
3	Community support			11,520.		11,520.	.01%
4	Environmental improvements			319,000.		319,000.	.24%
5	Leadership development and training for community members			3,000.		3,000.	.00%
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other			1,500.		1,500.	.00%
10	<b>Total</b>			595,020.		595,020.	.44%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	X	
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	23,223,524.
6 Enter Medicare allowable costs of care relating to payments on line 5	27,310,524.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	-4,087,000.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy?	X
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	X

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ADVANCED IMAGING AT				
2 COMMUNITY MEDICAL				
3 CENTER	MEDICAL IMAGING	50.00%	.00%	
4 PARTNERS IN HOME				
5 CARE	HOME HEALTH AGENCY	50.00%		
6 MISSOULA SLEEP	FREE STANDING SLEEP			
7 MEDICINE	ANALYSIS CENTER	25.00%		
8	FREE STANDING SURGICAL			
9 BIG SKY SURGERY	CENTER	35.00%		
10 MONATANA HEART				
11 ANGIO LABS, LLC	FREE STANDING CATH LAB	92.90%		
12				
13				
14				

**Part V Facility Information**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (Describe)
COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	X	X					X		
FORT MISSOULA MEDICAL ASSOCIATES (FMMA) 1211 S RESERVE ST. STE 101 MISSOULA, MT 59801									INTERNAL MEDICINE, FAMILY PRACTICE,
MISSOULA VALLEY PEDIATRICS (MVP) 2835 FORT MISSOULA ROAD, SUITE 205 MISSOULA, MT 59804									PEDIATRICS
CMC REHABILITATION PHYSICIANS 2827 FORT MISSOULA ROAD MISSOULA, MT 59804									PHYSIATRISTS
PARKSIDE COMMUNITY FAMILY CARE (PCFC) 2831 FORT MISSOULA ROAD, SUITE 146 MISSOULA, MT 59804									FAMILY PRACTICE, OFFICE-BASED PSYCHIATRY
ROCKY MOUNTAIN NEONATOLOGY (RMN) 2825 FORT MISSOULA ROAD, SUITE 121 MISSOULA, MT 59804									NEONATOLOGY
ROCKY MOUNTAIN PERINATAL ASSOCIATES 2835 FORT MISSOULA ROAD, SUITE 304 MISSOULA, MT 59804									PERINATOLOGY
STEVENSVILLE CMC (SCMC) 3800 EASTSIDE HIGHWAY STEVENSVILLE, MT 59870									INTERNAL MEDICINE, FAMILY PRACTICE
WELLCARE 2825 FORT MISSOULA ROAD, SUITE 203 MISSOULA, MT 59804									INDEPENDENT MEDICAL EXAMS FOR WORKERS'
PEDIATRIC SURGERY OF MONTANA 2825 FORT MISSOULA ROAD, SUITE 121 MISSOULA, MT 59804									PEDIATRIC SURGERY, MINOR SURGICAL
PEDIATRIC SPECIALTY CLINICS 2618 SOUTH AVENUE WEST MISSOULA, MT 59804									SPECIALIZE IN PEDIATRIC
DIABETES & ENDOCRINOLOGY ASSOCIATES 1211 S RESERVE ST. STE 202 MISSOULA, MT 59804									ENDOCRINOLOGY
DIABETES & NUTRITION CENTER 1211 S RESERVE ST. STE 202 MISSOULA, MT 59804									PUMP EDUCATOR, DIETITIAN, DIABETES
MOUNTAIN VIEW FAMILY MEDICINE & OB 2835 FORT MISSOULA ROAD, SUITE 101 MISSOULA, MT 59804									FAMILY PRACTICE, FAMILY PRACTICE WITH OBSTETRICS
COMMUNITY PEDIATRIC HOSPITALISTS 2827 FORT MISSOULA ROAD MISSOULA, MT 59804									HOSPITALIST/PEDI
CPG ON NORTH RESERVE 2230 NORTH RESERVE STREET MISSOULA, MT 59801									FAMILY PRACTICE/OPEN ACCESS WALK-IN



**Part VI Supplemental Information**

Complete this part to provide the following information:

1. Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g, Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5. **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
6. Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
7. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
8. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: SLIDING SCALE BETWEEN 200% AND 300%

PART I, LINE 7: THE COSTING METHOD USED WAS THE COST TO CHARGE RATIO DERIVED FROM USING WORKSHEET 2.

PART I, LINE 7G: ALL CLINICS ARE PHYSICIAN CLINICS. THEREFORE ALL SUBSIDIZED HEALTH COST ARE ATTRIBUTABLE TO PHYSICIAN CLINICS.

PART I, LINE 7F: WHEN CALCULATING CHARITY-CARE PERCENTAGE OF TOTAL EXPENSES (IN COLUMN F), THE HOSPITAL ELIMINATED \$6,577,722 OF BAD DEBT EXPENSE.

PART III, LINE 4: BAD DEBT IS AN ESTIMATE USING HISTORICAL DATA ON PAYMENTS RECEIVED AND AMOUNTS THAT WERE ACTUALLY NEVER COLLECTED. LINE 3 IS AN ESTIMATE BASED ON TOTAL CHARITY CARE.

PART III, LINE 8: COST ARE ALLOCATED BASED ON ACTUAL COST OF INDIVIDUAL CLINICS OR HOSPITAL DEPARTMENTS.

PART III, LINE 9B: PATIENTS RECEIVE INFORMATION AT THE TIME OF

**Part VI** Supplemental Information

REGISTRATION REGARDING FINANCIAL ASSISTANCE BOTH FOR SELF PAY AND BALANCE AFTER INSURANCE. ALL SELF PAY PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FEDERAL, STATE AND LOCAL PROGRAMS BY THE MASH PROGRAMS, AND IF NO ELIGIBILITY EXISTS ARE FURTHER SCREENED FOR HOSPITAL FINANCIAL ASSISTANCE. ADDITIONALLY, PATIENTS RECEIVE INFORMATION REGARDING FINANCIAL ASSISTANCE IN THEIR STATEMENTS AS WELL AS VERBALLY WHEN FOLLOW UP CALLS ARE MADE ON ANY PATIENT BALANCE. PATIENTS WHO QUALIFY FOR CHARITY CARE RECEIVE AN ADJUSTMENT ON THE BALANCE OF THEIR ACCOUNT CORRESPONDING WITH THE APPROPRIATE REDUCTION ACCORDING TO POLICY. REMAINING BALANCES, IF ANY, ARE COLLECTED EITHER IN FULL OR BY PAYMENT PLAN, OR IN THE CASE OF NON-PAYMENT MAY HAVE THE ADJUSTED BALANCE ASSIGNED TO AN OUTSIDE AGENCY FOR RESOLUTION.

PART VI, LINE 2: COMMUNITY MEDICAL CENTER WORKS WITH SAINT PATRICK HOSPITAL AND THE MISSOULA CITY-COUNTY HEALTH DEPARTMENT TO ASSESS THE NEEDS OF THE COMMUNITY, AS WELL AS WITH OTHER NON-PROFIT ORGANIZATIONS, I.E., MISSOULA AGING SERVICES, YWCA, YMCA, POVERELLO HOMELESS SHELTER, AND UNITED WAY. COMMUNITY ASSESSES THE NEEDS OF THE COMMUNITY ALONG WITH OUR PARTNER ORGANIZATIONS AND THEN CRAFTS A RESPONSE TO THE NEEDS ASSESSMENT TO FULFILL ANY GAPS THAT ARE IDENTIFIED.

PART VI, LINE 3: PATIENTS RECEIVE INFORMATION AT THE TIME OF REGISTRATION REGARDING FINANCIAL ASSISTANCE BOTH FOR SELF PAY AND BALANCE AFTER INSURANCE. ALL SELF PAY PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FEDERAL, STATE AND LOCAL PROGRAMS BY THE MASH PROGRAMS, AND IF NO ELIGIBILITY EXISTS ARE FURTHER SCREENED FOR HOSPITAL FINANCIAL ASSISTANCE. ADDITIONALLY, PATIENTS RECEIVE INFORMATION REGARDING FINANCIAL ASSISTANCE IN THEIR STATEMENTS AS WELL AS VERBALLY WHEN FOLLOW UP CALLS ARE MADE ON

Part VI Supplemental Information

ANY PATIENT BALANCE.

PART VI, LINE 4: CMC SERVES THE COMMUNITY OF MISSOULA, MT AND THE SURROUNDING COUNTIES. MONTANA IS A RURAL STATE AND THERE ARE THEREFORE LIMITED HOSPITALS IN THE REGION. THERE ARE TWO HOSPITALS IN MISSOULA. CMC SERVES A DISPROPORTIONATE NUMBER OF LOWER INCOME INDIVIDUAL AND THEREFORE RECEIVES DSH PAYMENTS.

PART VI, LINE 5: IN 2010, CMC PROVIDED OVER \$11 MILLION IN COMMUNITY BENEFIT THROUGH SUBSIDIZED HEALTHCARE, EDUCATIONAL OPPORTUNITIES, DONATIONS TO NON-PROFIT ORGANIZATIONS, AND COMMUNITY BUILDING ACTIVITIES. OUR TAX EXEMPT BENEFIT WAS \$3.5 MILLION, PROVIDING A 3:1 RETURN ON OUR EXEMPT BENEFIT.

IN FY 2010, CMC PROVIDED \$170,000 IN DONATIONS AND SPONSORSHIPS TO LOCAL NON-PROFIT ORGANIZATIONS, INCLUDING MISSOULA YMCA, MISSOULA COUNTY PUBLIC SCHOOLS, BIG BROTHERS AND BIG SISTERS, WATSON'S CHILDREN'S SHELTER, MISSOULA YOUTH HOMES, GO RED FOR WOMEN, AND MANY OTHERS.

EACH YEAR WE PARTICIPATE IN SEVERAL COMMUNITY BENEFIT ACTIVITIES:

- JANUARY: CHAMBER HEALTH FAIR WHERE WE TEST CHOLESTEROL, GLUCOSE, AND PSA FOR MEN.

- JANUARY: WE PARTNER WITH ST. PATRICK HOSPITAL AND PARTNERSHIP HEALTH CENTER TO PROVIDE FREE PAP AND MAMMOGRAMS FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED.

- FEBRUARY: WE PROVIDE FREE EDUCATION TO THE PUBLIC WITH OUR ANNUAL VOICES OF HOPE ONCOLOGY SUMMIT. LOCAL PROVIDERS CONDUCT LECTURES ON TOPICS SUCH AS TESTICULAR CANCER, BREAST CANCER, AND MORE.

Part VI Supplemental Information

- FEBRUARY: WE ARE THE KEY LOCAL SPONSOR FOR THE GO RED FOR WOMEN LUNCHEON, ALLOWING FOR EDUCATION TO THE PUBLIC REGARDING HEART HEALTH.
- MARCH: WE PARTICIPATE IN THE LOCAL KIDS FAIR - TALKING TO KIDS AND PARENTS ABOUT HEALTH.
- APRIL: WE SPONSOR THE JDRF DIABETES WALK, ALONG WITH PUTTING ON AN EDUCATIONAL WEEKEND GEARED TOWARDS YOUTH AND DIABETES.
- MAY: WE SPONSOR AND SEND SEND A BUS TO HELENA, MT FOR THE STATEWIDE KOMEN FOUNDATION RACE FOR THE CURE.
- JUNE: WE HOST, ORGANIZE AND COORDINATE A TWO DAY ORTHOPEDIC OR REHABILITATION CONFERENCE, OFFERING CONTINUING EDUCATION TO AREA PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, AND TO THE PUBLIC.
- JULY: WE SPONSOR THE LOCAL KIDS MARATHON, PROMOTING HEALTHY ACTIVITIES FOR YOUTH.
- SEPTEMBER: WE OFFER A SECOND HEALTH CHECK WHERE WE TEST CHOLESTEROL, GLUCOSE AND PSA FOR MEN.
- OCTOBER: WE HOST THE ANNUAL DIVA DAY RUN - THIS LOCAL RUN SHOWS OUR CONTINUED SUPPORT OF PROMOTING HEALTH LIVING AMONG WOMEN IN THE COMMUNITY.
- OCTOBER: WE COORDINATE A SENIOR HEALTH FAIR, PARTNERING WITH THE YMCA WHERE SENIORS ARE TESTED FOR STRENGTH, BALANCE, VISION AND MORE.
- YEAR AROUND: WE ARE A KEY SPONSOR OF ACTIVE6, A PARTNERSHIP WITH THE MISSOULA YMCA THAT OFFERS AREA SIXTH GRADERS AN OPPORTUNITY TO LEARN THE IMPORTANCE OF STAYING PHYSICALLY ACTIVE. THIS IS A FREE PROGRAM THAT WE PARTNER WITH.
- ADDITIONALLY WE SPONSOR SEVERAL ORGANIZATIONS THAT EITHER COORDINATE OR PROMOTE HEALTHY LIVING WITHIN THEIR MISSIONS.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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
MISSOULA CHAMBER OF COMMERCE P.O. BOX 7577 MISSOULA, MT 59807	81-0167990	501(C)(3)	6,680.	0.			TO SUPPORT GENERAL OPERATIONS.
MISSOULA FAMILY YMCA 3000 SOUTH RUSSEL STREET MISSOULA, MT 59801	81-0300829	501(C)(3)	6,167.	0.			TO SUPPORT GENERAL OPERATIONS.
MISSOULA AREA ECONOMIC DEVELOPMENT - 1121 E BROADWAY, SUITE 100 - MISSOULA, MT 59802	81-0392565	501(C)(6)	5,000.	0.			TO SUPPORT GENERAL OPERATIONS.
CLARK FORK VALLEY HOSPITAL 110 KRUGER ROAD PLAINS, MT 59859	81-0475376	501(C)(3)	10,360.	0.			TO SUPPORT GENERAL OPERATIONS.
UNITED WAY P.O. BOX 7395 MISSOULA, MT 59806	81-0287854	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL OPERATIONS.
AMERICAN HEART ASSOCIATION 710 2ND AVENUE, SUITE 900 SEATTLE, WA 98104	13-5613797	501(C)(3)	21,866.	0.			TO SUPPORT GENERAL OPERATIONS.

2 Enter total number of section 501(c)(3) and government organizations **8.**

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) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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.

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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 United States (Schedule I (Form 990), Part II)

(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
CMC FOUNDATION 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	36-3627205	501(C)(3)	7,000.	0.			TO SUPPORT GENERAL OPERATIONS.
TOUGH ENOUGH TO WEAR PINK P.O. BOX 909 HUGHSON, CA 95326	20-8671204	501(C)(3)	5,000.	0.			TO SUPPORT GENERAL OPERATIONS.
DRUMMOND HIGH SCHOOL 108 WEST EDWARDS DRUMMOND, MT 59832	81-6000492	501(C)(3)	5,000.	0.			TO SUPPORT GENERAL OPERATIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**COMMUNITY MEDICAL CENTER, INC.**

Employer identification number

**81-0247705**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREG UTTER	(i)	374,701.	0.	1,242.	17,925.	411,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.
STEVE CARLSON	(i)	299,470.	75,000.	12,810.	16,835.	423,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID RICHHART	(i)	172,582.	33,274.	1,409.	9,366.	225,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.
LARRY FAGERHAUG	(i)	176,856.	38,942.	1,346.	6,088.	234,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.
FRANK REED, MD	(i)	192,686.	39,838.	7,500.	10,842.	260,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JONATHAN WEISUL, MD	(i)	250,600.	69,115.	24,344.	0.	358,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MARK KANETA, MD	(i)	284,232.	65,406.	2,296.	13,327.	379,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JANET HILLER, MD	(i)	260,789.	65,406.	4,979.	14,594.	354,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.
NANCY EYLER, MD	(i)	190,824.	92,915.	2,099.	9,307.	303,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.
THOMAS LOWDER, MD	(i)	211,192.	67,699.	388.	12,493.	305,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID CROTEAU, MD	(i)	181,504.	97,043.	263.	12,088.	303,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

FORM 990, PART VI, SECTION A, LINE 1: THE ROLE OF THE EXECUTIVE COMMITTEE IS TO TRANSACT THE BUSINESS OF THE COMMUNITY MEDICAL CENTER BOARD OF DIRECTORS IN THE INTERIM BETWEEN MEETINGS OF THE FULL BOARD, WHEN A MEETING OF THE FULL BOARD IS NOT FEASIBLE. THEIR RESPONSIBILITIES INCLUDE:

- ACT ON MATTERS THAT CANNOT REASONABLY WAIT ACTION BY THE FULL BOARD.
- ACT ON OTHER MATTERS DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD.
- REPORT ACTIONS AT THE NEXT MEETING OF THE BOARD FOR RATIFICATION.
- FUNCTION AS AN ADVISOR TO THE PRESIDENT/CEO ON SENSITIVE TOPICS.
- PROVIDE INPUT INTO THE CONTENT AND STRUCTURING OF THE BOARD AGENDA.
- CONDUCT THE EVALUATION AND SET THE SALARY OF THE PRESIDENT/CEO.

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD AND ONE ADDITIONAL BOARD MEMBER AT LARGE. THE PRESIDENT/CEO SHALL BE AN EX OFFICIO MEMBER WITHOUT VOTE. THE CHAIR OF THE BOARD APPOINTS THE COMMITTEE MEMBERS ANNUALLY, TO COINCIDE WITH THE ELECTION OF OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11: SUBSEQUENT TO FILING THE FORM 990 WITH THE IRS, THE FORM 990 AND RELATED SCHEDULES WILL BE PROVIDED OF THE BOARD OF DIRECTORS FOR A COMPLETE REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS SHALL BY RESOLUTION APPROVE A CONFLICT OF INTEREST POLICY FOR CMC THAT IS CONSISTENT WITH AND AT LEAST HAS PROTECTIVE AS THE APPLICABLE CONFLICT OF INTEREST PROVISIONS UNDER THE MONTANA NONPROFIT CORPORATION ACT. THE PURPOSE OF THE POLICY IS TO PROTECT CMC'S INTEREST WHEN IT IS CONTEMPLATING ENTRY INTO A

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

Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A  
DIRECTOR, OFFICER OF THE BOARD, OFFICER OF THE ORGANIZATION, OR MEMBER OF A  
COMMITTEE ("INTERESTED PERSON"). THE POLICY SHALL CONTAIN AT LEAST THE  
FOLLOWING PROVISIONS: (A) A DEFINITION OR DESCRIPTION OF WHAT CONSTITUTES A  
"CONFLICT OF INTEREST TRANSACTION," (B) A DEFINITION OR DESCRIPTION OF AN  
"INTERSTED PERSON," (C) A DEFINITION OR DESCRIPTION OF WHEN A PERSON HAS A  
"FINANCIAL INTERST" IN A TRANSACTION OR ARRANGEMENT, (D) DISCLOSURE  
PROCEDURES, (E) PROCEDURES FOR DETERMINING WHETHER THE FINANCIAL INTEREST  
OF AN INTERESTED PERSON MAY RESULT IN A CONFLICT OF INTEREST, (F)  
PROCEDURES FOR ADDRESSIN GTHE CONFLICT OF INTEREST AFTER DETERMINING THAT  
THERE IS A CONFLICT, INCLUDING VOTING REQUIREMENTS AND PROCEDURES, (G)  
PROCEDURES FOR ADEQUATE RECORD KEEPING, AND (H) PROCEDURES FOR ENSURING  
THAT ALL DIRECTORS, PRINCIPAL OFFICERS, AND MEMBERS OF COMMITTEES,  
UNDERSTAND AND COMPLY WITH THE CONFLICT OF INTEREST POLICY.

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.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

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.





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

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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	C	1,600,131.
(2)			
(3)			
(4)			
(5)			
(6)			

