

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

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	C Name of organization		D Employer identification number	
	COMMUNITY MEDICAL CENTER, INC.		81-0247705	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
2827 FORT MISSOULA ROAD		406-728-4100		
City, town, or post office, state, and ZIP code		G Gross receipts \$ 167,760,436.		
MISSOULA, MT 59804		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: STEVE CARLSON		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.COMMUNITYMED.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1948 M State of legal domicile: MT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>YOUR HEALTH - OUR COMMITMENT TO YOU, FROM DAY ONE.</u>	
	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 12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 1393
	6 Total number of volunteers (estimate if necessary)	6 131
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,704,763.
b Net unrelated business taxable income from Form 990-T, line 34	7b -729,352.	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,504,029.	1,075,030.
	9 Program service revenue (Part VIII, line 2g)	148,440,839.	156,421,696.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,118.	715,839.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,292,684.	8,780,714.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,735,670.	166,993,279.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	147,928.	193,440.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,932,249.	76,495,493.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,264.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	72,330,762.	83,990,426.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	144,410,939.	160,679,359.	
19 Revenue less expenses. Subtract line 18 from line 12	8,324,731.	6,313,920.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 149,194,755.	End of Year 153,399,701.
	21 Total liabilities (Part X, line 26)	61,708,913.	60,360,743.
	22 Net assets or fund balances. Subtract line 21 from line 20	87,485,842.	93,038,958.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date
	DAVID RICHHART, VP - FISCAL SERVICES		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT E. SCHILE		
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Check <input type="checkbox"/> if self-employed
Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300		Phone no. 612-376-4500	
MINNEAPOLIS, MN 55402			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: YOUR HEALTH - OUR COMMITMENT TO YOU, FROM DAY ONE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 126,211,886. including grants of \$ 193,440.) (Revenue \$ 156,421,696.) CMC PROVIDES DAILY PATIENT SERVICES, PROFESSIONAL AND TECHNICAL SERVICES, AND REHABILITATION SERVICES FOR PATIENT CARE. 5,175 INPATIENTS ARE ADMITTED TO CMC EACH YEAR. 133,150 OUTPATIENT SERVICES ARE PROVIDED ANNUALLY. 101,675 VISITS ARE MADE TO OUR PHYSICIANS. THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY POLICY AGGREGATED APPROXIMATELY \$4,462,592 FOR THE YEAR ENDED JUNE 30, 2013.

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 126,211,886.

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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization 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?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows for Form 1096, Form W-2G, employee counts, foreign accounts, and charitable contributions.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID RICHHART - 406-327-4004 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT STEARNS BOARD CHAIR	1.50	X		X				0.	0.	0.
(2) SCOTT HACKER 1ST VICE CHAIR	1.50	X		X				0.	0.	0.
(3) JAN PARKS 2ND VICE CHAIR	1.50	X		X				0.	0.	0.
(4) JOHN VANSTRYDONCK SECRETARY/TREASURER	1.50	X		X				0.	0.	0.
(5) TANYA ASK BOARD MEMBER	1.50	X						0.	0.	0.
(6) FRANK D'ANGELO BOARD MEMBER	1.50	X						0.	0.	0.
(7) MARK GARNAAS, MD BOARD MEMBER	1.50	X						0.	0.	0.
(8) BILL JOHNSTON BOARD MEMBER	1.50	X						0.	0.	0.
(9) ROBERT PHILLIPS BOARD MEMBER	1.50	X						0.	0.	0.
(10) SUZANNE PETERSON BOARD MEMBER	1.50	X						0.	0.	0.
(11) THOMAS LOWDER, MD BOARD MEMBER/EMPLOYED PHYSICIAN	40.00	X					175,325.	0.	27,984.	
(12) MICHAEL STEWART, MD BOARD MEMBER	1.50	X					0.	0.	0.	
(13) RON PREMURRO BOARD MEMBER (FORMER)	1.50	X					0.	0.	0.	
(14) ROGER MUNRO BOARD MEMBER (FORMER)	1.50	X					0.	0.	0.	
(15) STEVE CARLSON PRESIDENT & CEO	40.00			X			377,833.	0.	33,551.	
(16) STAN MOSER EXECUTIVE VICE PRESIDENT	40.00			X			89,971.	0.	0.	
(17) DAVID LECHNER PRESIDENT, CPG	40.00				X		235,454.	0.	17,924.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID RICHHART VP - FISCAL SERVICES	40.00				X			192,309.	0.	18,965.
(19) JONATHAN, WEISUL CHEIF MEDICAL OFFICER	40.00				X			294,015.	0.	29,473.
(20) DAVID JINICH, MD PHYSICIAN	40.00					X		706,473.	0.	14,149.
(21) GREGORY UTTER, MD PHYSICIAN	40.00					X		384,025.	0.	42,003.
(22) ELIZABETH SUH, MD PHYSICIAN	40.00					X		289,445.	0.	5,047.
(23) BONNIE STEPHENS, MD PHYSICIAN	40.00					X		280,342.	0.	28,167.
(24) PHILLIP HOLMAN, MD PHYSICIAN	40.00					X		275,806.	0.	33,767.
1b Sub-total								3,300,998.	0.	251,030.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,300,998.	0.	251,030.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **83**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MT HEART ANGIO LAB, LLC 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804	CARDIOLOGY SERVICES	1,837,082.
MT CANCER SPECIALISTS PO BOX 7877, MISSOULA, MT 59807	ONCOLOGY SERVICES	1,826,338.
BILLINGS CLINIC PO BOX 30977, BILLINGS, MT 59107	MEDICAL SERVICES	1,267,250.
SOUND INPATIENT PO BOX 742936, LOS ANGELES, CA 90074	HOSPITALIST	964,640.
MAYO COLLABORATIVE PO BOX 9146, MINNEAPOLIS, MN 55480	LAB SERVICES	641,288.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	905,432.			
	e Government grants (contributions)	1e	145,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,598.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,075,030.			
	Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621500	153,108,767.	150,404,004.	2,704,763.
		b JV ANCILLARY REVENUE	621500	3,396,662.	3,396,662.	
c HEART LAB REVENUE		621500	-83,733.	-83,733.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			156,421,696.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		653,066.		653,066.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	540,695.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	540,695.			
	d Net rental income or (loss)		540,695.		540,695.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	829,930.			
		b Less: cost or other basis and sales expenses		767,157.		
		c Gain or (loss)		62,773.		
	d Net gain or (loss)		62,773.		62,773.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE		900099	5,967,518.		5,967,518.	
	b MEANINGFUL USE REVENUE	900099	2,272,501.		2,272,501.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			8,240,019.		
12 Total revenue. See instructions.			166,993,279.	153,716,933.	2,704,763.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	193,440.	193,440.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,543,988.		1,543,988.	
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	60,456,888.	47,217,494.	13,239,394.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,222,957.	1,697,869.	525,088.	
9 Other employee benefits	7,933,908.	6,905,783.	1,028,125.	
10 Payroll taxes	4,337,752.	3,313,125.	1,024,627.	
11 Fees for services (non-employees):				
a Management				
b Legal	91,342.		91,342.	
c Accounting	78,038.		78,038.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,431,251.	15,981,708.	5,449,098.	445.
12 Advertising and promotion				
13 Office expenses	3,076,494.	1,455,911.	1,620,583.	
14 Information technology				
15 Royalties				
16 Occupancy	2,864,114.	1,222,301.	1,640,130.	1,683.
17 Travel	677,016.	413,056.	263,960.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,490,743.	1,490,743.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,377,011.	8,350,351.	26,660.	
23 Insurance	1,326,634.	1,326,634.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES/DRUGS	22,357,853.	22,357,853.		
b BAD DEBT	8,896,739.	8,896,739.		
c REPAIRS & MAINTENANCE	7,149,666.	836,481.	6,313,185.	
d LICENSE & FEES	1,314,498.	1,302,045.	12,453.	
e All other expenses	4,859,027.	3,250,353.	1,608,538.	136.
25 Total functional expenses. Add lines 1 through 24e	160,679,359.	126,211,886.	34,465,209.	2,264.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	17,084,983.	1	14,906,384.	
	2	Savings and temporary cash investments	21,681,565.	2	10,937,099.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	20,999,168.	4	25,960,108.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7	Notes and loans receivable, net	3,855,003.	7	3,877,121.	
	8	Inventories for sale or use	3,097,534.	8	3,414,286.	
	9	Prepaid expenses and deferred charges	1,114,186.	9	1,084,495.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 138,676,742.			
	b	Less: accumulated depreciation	10b 69,476,606.	10c	69,200,136.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	10,026,066.	12	15,101,689.	
	13	Investments - program-related. See Part IV, line 11	3,423,001.	13	3,773,064.	
	14	Intangible assets	889,946.	14	827,029.	
	15	Other assets. See Part IV, line 11	4,716,045.	15	4,318,290.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	149,194,755.	16	153,399,701.		
Liabilities	17	Accounts payable and accrued expenses	17,349,578.	17	20,570,213.	
	18	Grants payable		18		
	19	Deferred revenue	30,812.	19	31,932.	
	20	Tax-exempt bond liabilities	24,428,532.	20	24,447,509.	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	11,858,882.	23	10,321,822.	
	24	Unsecured notes and loans payable to unrelated third parties	945,429.	24	355,034.	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,095,680.	25	4,634,233.	
	26	Total liabilities. Add lines 17 through 25	61,708,913.	26	60,360,743.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	82,901,610.	27	88,813,900.	
	28	Temporarily restricted net assets	1,490,082.	28	1,125,361.	
	29	Permanently restricted net assets	3,094,150.	29	3,099,697.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	87,485,842.	33	93,038,958.	
34	Total liabilities and net assets/fund balances	149,194,755.	34	153,399,701.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	166,993,279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,679,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,313,920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,485,842.
5	Net unrealized gains (losses) on investments	5	-368,237.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-392,567.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,038,958.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b 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		

Form 990 (2012)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

COMMUNITY MEDICAL CENTER, INC.

81-0247705

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization COMMUNITY MEDICAL CENTER, INC.	Employer identification number 81-0247705
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CMC FOUNDATION <hr/> 2827 FORT MISSOULA ROAD <hr/> MISSOULA, MT 59804 <hr/>	\$ 905,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COMMUNITY MEDICAL CENTER, INC.	Employer identification number 81-0247705
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

COMMUNITY MEDICAL CENTER, INC.

81-0247705

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) \$
Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

Table for (e) Transfer of gift. Sub-headers: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization COMMUNITY MEDICAL CENTER, INC.	Employer identification number 81-0247705
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a 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.			
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,426.
j Total. Add lines 1c through 1i			7,426.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

COMMUNITY MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND MONTANA HOSPITAL 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,822,091.	3,756,462.	3,054,980.	2,356,624.	2,952,845.
b Contributions	11,831.	41,273.	49,499.	38,678.	11,855.
c Net investment earnings, gains, and losses	202,604.	24,356.	651,983.	659,678.	-608,076.
d Grants or scholarships					
e Other expenditures for facilities and programs	943,702.				
f Administrative expenses					
g End of year balance	3,092,824.	3,822,091.	3,756,462.	3,054,980.	2,356,624.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment .00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | X | |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		209,682.		209,682.
b Buildings		62,536,099.	26,989,018.	35,547,081.
c Leasehold improvements		1,333,889.	336,075.	997,814.
d Equipment		68,051,604.	42,151,513.	25,900,091.
e Other		6,545,468.		6,545,468.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				69,200,136.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MORTGAGE BACKED		
(B) GOVERNMENT SECURITIES	15,101,689.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,101,689.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) THIRD PARTY PAYABLE	4,634,233.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,634,233.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 XIII.)	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 XIII.)	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 XII 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 XIII.)	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 XIII.)	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 XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY THE CMC FOUNDATION AND

THE INCOME EARNED ON THESE FUNDS ARE DISTRIBUTED TO THE HOSPITAL TO COMPLY

WITH THE PURPOSES SPECIFIED BY THE DONOR.

PART X, LINE 2: THE HOSPITAL IS EXEMPT FROM INCOME TAXES UNDER SECTION

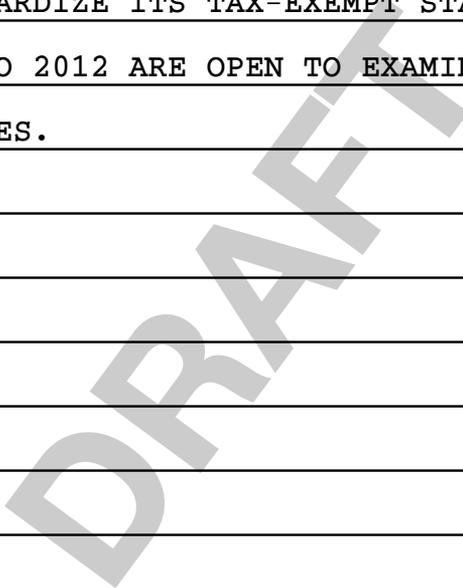
501(C)(3) OF THE INTERNAL REVENUE CODE.

THE HOSPITAL FOLLOWS THE GUIDANCE IN THE ACCOUNTING STANDARDS REGARDING

Part XIII Supplemental Information (continued)

THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

THE HOSPITAL'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE HOSPITAL IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE TAX RETURNS FOR THE YEARS ENDED 2010 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL, AND STATE AUTHORITIES.



**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

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.

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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 Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,200,058.	22,500.	2,177,558.	1.36%
b Medicaid (from Worksheet 3, column a)			27,508,720.	22,840,083.	4,668,637.	2.91%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			29,708,778.	22,862,583.	6,846,195.	4.27%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,465,232.		1,465,232.	.91%
f Health professions education (from Worksheet 5)			319,476.		319,476.	.20%
g Subsidized health services (from Worksheet 6)			22,329,750.	13,476,873.	8,852,877.	5.51%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			201,421.		201,421.	.13%
j Total. Other Benefits			24,315,879.	13,476,873.	10,839,006.	6.75%
k Total. Add lines 7d and 7j			54,024,657.	36,339,456.	17,685,201.	11.02%

Part V Facility Information

Section A. Hospital Facilities

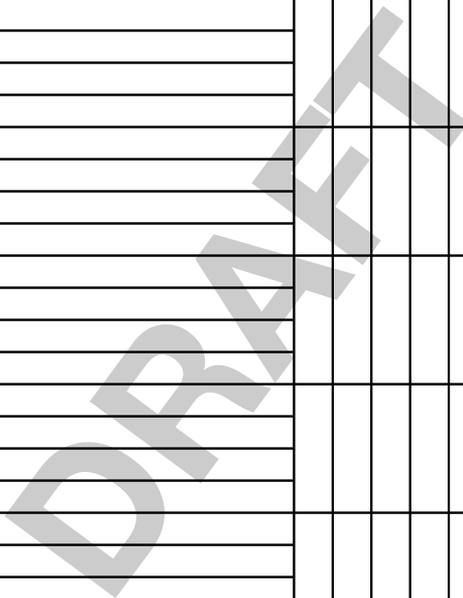
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

1 COMMUNITY MEDICAL CENTER
2827 FORT MISSOULA ROAD
MISSOULA, MT 59804

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , ,



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group COMMUNITY MEDICAL CENTER

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 11</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5	Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input checked="" type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) COMMUNITY MEDICAL CENTER

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **COMMUNITY MEDICAL CENTER**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 20

Name and address	Type of Facility (describe)
1 CPG MISSOULA VALLEY PEDIATRICS (MVP) 2835 FORT MISSOULA ROAD, SUITE 201 & MISSOULA, MT 59804	PEDIATRICS
2 CMC REHABILITATION PHYSICIANS 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	PHYSIATRISTS, FAMILY NURSE PRACTITIONER, PY
3 CPG PARKSIDE COMMUNITY FAMILY CARE 2831 FORT MISSOULA ROAD, SUITE 146 MISSOULA, MT 59804	FAMILY PRACTICE
4 ROCKY MOUNTAIN NEONATOLOGY (RMN) 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	NEONATOLOGY
5 ROCKY MOUNTAIN PERINATAL ASSOCIATES 2825 FORT MISSOULA ROAD, SUITE 217 MISSOULA, MT 59804	PERINATOLOGY
6 CPG STEVENSVILLE CMC (SCMC) 3800 EASTSIDE HIGHWAY STEVENSVILLE, MT 59870	INTERNAL MEDICINE, FAMILY PRACTICE
7 WELLCARE 2825 FORT MISSOULA ROAD, SUITE 203 MISSOULA, MT 59804	INDEPENDENT MEDICAL EXAMS FOR WORKERS' COMP
8 CPG DIABETES & ENDOCRINOLOGY ASSOCIAT 1211 S RESERVE ST. STE 201 MISSOULA, MT 59801	ENDOCRINOLOGY
9 CPG DIABETES & NUTRITION CENTER 1211 S RESERVE ST. STE 202 MISSOULA, MT 59804	PUMP EDUCATOR, DIETITIAN, DIABETES EDUCATION
10 MOUNTAIN VIEW FAMILY MEDICINE 2835 FORT MISSOULA ROAD, SUITE 101 MISSOULA, MT 59804	FAMILY PRACTICE

Schedule H (Form 990) 2012

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
12 CPG ON NORTH RESERVE 2230 NORTH RESERVE STREET MISSOULA, MT 59801	FAMILY PRACTICE/OPEN ACCESS WALK-IN CARE
13 CPG ON SOUTH RESERVE 1211 RESERVE ST. SOUTH, SUITE 101 MISSOULA, MT 59801	FAMILY PRACTICE/RHEUMATOLOGY
14 CPG COUMADIN CLINIC 2825 FORT MISSOULA ROAD, STE 115 MISSOULA, MT 59804	COUMADIN
15 CPG CARDIOLOGY/GENERAL & VASCULAR SUR 2831 FORT MISSOULA RD, STE 102 MISSOULA, MT 59804	CARDIOLOGY, GENERAL & VASCULAR SURGERY
17 CPG NORTH PRIMARY CARE 2230 NORTH RESERVE STREET MISSOULA, MT 59808	INTERNAL MEDICINE
18 MONTANA BREAST HEALTH CENTER 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	BREAST HEALTH
19 CPG OB/GYN 2825 FORT MISSOULA ROAD, STE 217 MISSOULA, MT 59804	OB/GYN
20 CPG NEUROSURGERY & CPG NEUROBEHAVIORA 2825 FORT MISSOULA ROAD, STE 317 MISSOULA, MT 59804	NEUROLOGY
21 CPG THORACIC SURGERY 2835 FORT MISSOULA ROAD, STE. 204 MISSOULA, MT 59804	THORACIC SURGERY
22 COMMUNITY BRIDGES & WORCCENTER 2685 PALMER ST. SUITE D MISSOULA, MT 59801	BRAIN INJURY REHABILITATION

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

PART I, LINE 7G: \$5,970,507 OF SUBSIDIZED HEALTH SERVICES IS ATTRIBUTABLE TO PHYSICIAN CLINICS.

PART I, LN 7 COL(F): WHEN CALCULATING CHARITY-CARE PERCENTAGE OF TOTAL EXPENSES (SCHEDULE H, PART I, LINE 7, COLUMN F), THE HOSPITAL ELIMINATED \$8,896,739 OF BAD DEBT EXPENSE.

PART II: CMC INVESTS IN MISSOULA AND THE SURROUNDING AREA THROUGH MULTIPLE AVENUES. AS A KEY PARTNER OF THE MISSOULA ECONOMIC PROJECT (MEP), CMC HELPS MEP CREATE A PROGRESSIVE BUSINESS DEVELOPMENT AND RECRUITMENT PROGRAM FOR THE CITY OF MISSOULA. WE BELIEVE THAT A STRONG BUSINESS COMMUNITY CREATES A VIBRANT CITY THAT CAN BE SUPPORTED BY NON-PROFIT HEALTHCARE ORGANIZATIONS, SUCH AS CMC. IN ADDITION, OUR PARTICIPATION IN EMERGENCY PREPAREDNESS IN PARTNERSHIP WITH OTHER HOSPITALS, FIRE, POLICE, AND THE CITY/COUNTY GOVERNMENT STRENGTHENS OUR

Part VI Supplemental Information

ABILITY TO RESPOND EFFICIENTLY AND QUICKLY TO ANY EMERGENCY WITHIN THE AREA. AS MISSOULA CHAMBER OF COMMERCE MEMBERS, WE SUPPORT OUR BUSINESS COMMUNITY BY SPONSORING AT LEAST ONE PARTICIPANT FROM CMC IN THE LEADERSHIP MISSOULA PROGRAM ANNUALLY. THIS PROGRAM CREATES AMBASSADORS OF CMC EMPLOYEES FOR THE LARGER COMMUNITY.

PART III, LINE 4:

PART III, LINE 3 - THE AMOUNT OF BAD DEBT EXPENSE THAT IS ESTIMATED TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE IS BASED ON HISTORY AND THE JUDGMENT OF THE DIRECTOR OF PATIENT ACCOUNTS.

PART III, LINE 4 - FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8: ONE HUNDRED PERCENT OF THIS SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT. THIS AMOUNT IS CONSIDERED TO BE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: IN OUR COMMUNITY MEDICARE HAS THE LOWEST REIMBURSEMENT RATE OF ALL PAYERS. WE DO NOT BELIEVE OUR MEDICARE SHORTFALL TO BE FROM ANY SORT OF DEFICIENCIES IN THE EFFICIENCY OF

Part VI Supplemental Information

OPERATIONS OR LOW PATIENT VOLUMES.

THE AMOUNTS SHOWN ARE CALCULATED BY UTILIZING THE INCOME AND EXPENSES AS CALCULATED BY THE MEDICARE COST REPORT LESS ANY AMOUNTS THAT ARE ALREADY INCLUDED IN THE SUBSIDIZED HEALTH EXPENSES.

PART III, LINE 9B: 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, PATIENTS ARE FURTHER SCREENED FOR HOSPITAL FINANCIAL ASSISTANCE. ADDITIONALLY, PATIENTS RECEIVE INFORMATION REGARDING FINANCIAL ASSISTANCE IN THEIR BILLING 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.

COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 3: NUMEROUS STAKEHOLDERS FROM THE LARGER COMMUNITY WERE INVOLVED IN THE CREATION OF THE CHNA, INCLUDING; MISSOULA AGING SERVICES, INDIAN HEALTH SERVICE, UNIVERSITY OF MONTANA, MISSOULA YMCA, MISSOULA UNITED WAY, AND MISSOULA COUNTY PARKS & RECREATION.

COMMUNITY MEDICAL CENTER:

Part VI Supplemental Information

PART V, SECTION B, LINE 4: MISSOULA CITY-COUNTY HEALTH DEPARTMENT
PARTNERSHIP HEALTH CENTER
PROVIDENCE ST. PATRICK HOSPITAL

COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 5C: THE CHNA WAS POSTED ON THE MISSOULA
CITY-COUNTY HEALTH DEPARTMENT WEBSITE, THE COMMUNITY MEDICAL CENTER
WEBSITE, AND THE PROVIDENCE ST. PATRICK HOSPITAL WEBSITE, AS WELL AS BEING
APPROVED BY THE BOARD OF HEALTH.

COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 14G: CUSTOMER SERVICE PHONE, CASHIER'S WINDOW,
DURING SCREENING FOR OTHER SOURCES OF PAYMENT, COLLECTION AGENCIES, CMC
REPRESENTATIVES.

COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 18E: NOTIFY PATIENTS OF AVAILABILITY OF CHARITY
WHEN MAKING PAYMENT ARRANGEMENTS.

COMMUNITY MEDICAL CENTER:

PART V, SECTION B, LINE 20D: THE MINIMUM DISCOUNT ALLOWED FOR INDIVIDUALS
ELIGIBLE UNDER THIS POLICY WILL MEET OR EXCEED THE AVERAGE DISCOUNT RATE
(CALCULATED ANNUALLY) BY COMMERCIAL PAYORS.

Part VI Supplemental Information

IN THE CASE OF CATASTROPHIC EVENTS, CMC USES MEDICARE RATES TO DETERMINE THE MAXIMUM AMOUNTS TO BE CHARGED TO FAP ELIGIBLE PATIENTS.

PART VI, LINE 2: CMC 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. 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.

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, PATIENTS ARE FURTHER SCREENED FOR HOSPITAL FINANCIAL ASSISTANCE. ADDITIONALLY, PATIENTS RECEIVE INFORMATION REGARDING FINANCIAL ASSISTANCE IN THEIR BILLING STATEMENTS AS WELL AS VERBALLY WHEN FOLLOW UP CALLS ARE MADE ON ANY PATIENT BALANCE.

PART VI, LINE 4: CMC SERVES THE COMMUNITY OF MISSOULA, MT AND THE SURROUNDING COUNTIES. MONTANA IS A RURAL STATE AND THEREFORE, THERE ARE 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**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. Part II can be duplicated 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
AMERICAN HEART ASSOCIATION 320 B EAST MAIN ST MISSOULA, MT 59802	13-5613797	501(C)(3)	22,083.	0.			SUPPORT OF MISSION
MISSOULA ECONOMIC PARTNERSHIP PO BOX 7457 MISSOULA, MT 59807	27-3994460	501(C)(6)	20,000.	0.			SUPPORT OF MISSION
CMC FOUNDATION 2827 FORT MISSOULA ROAD MISSOULA, MT 29804	36-3627205	501(C)(3)	11,500.	0.			SUPPORT OF MISSION
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 59806	81-0287854	505(C)(3)	10,305.	0.			SUPPORT OF MISSION
MISSOULA FAMILY YMCA 3000 S RUSSELL ST MISSOULA, MT 59801	81-0300829	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
MISSOULA CHAMBER COMMERCE PO BOX 7577 MISSOULA, MT 59807	81-0167990	501(C)(6)	7,625.	0.			SUPPORT OF MISSION

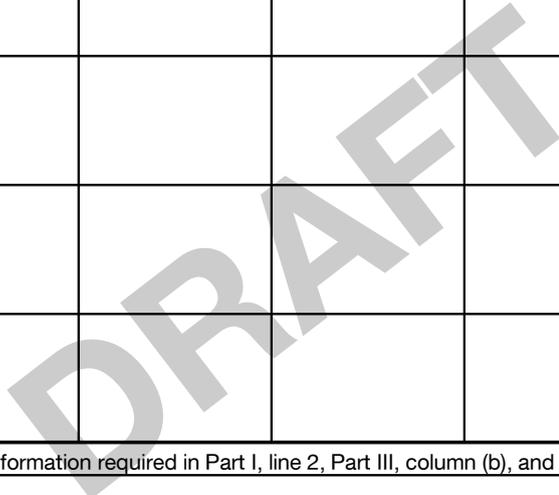
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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



Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ONLY NONPROFIT ORGANIZATIONS ARE ELIGIBLE FOR DONATIONS FROM CMC. THEY HAVE TO IDENTIFY HOW THEIR MISSION LINKS TO CMC'S AND OUR CORE COMPETENCIES IN WOMEN'S HEALTH, PEDIATRICS, ONCOLOGY, AND REHABILITATION. ALL COMMUNITY BENEFIT APPLICATIONS AND SUPPORTING MATERIALS ARE KEPT FOR EACH GRANT GIVEN. ONCE FUNDING IS GRANTED, NO ADDITIONAL MONITORING IS PERFORMED BY CMC.

**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

2012

Open to Public Inspection

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number

81-0247705

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS LOWDER, MD BOARD MEMBER/EMPLOYED PHYSICIAN	(i)	172,994.	1,750.	581.	2,810.	25,174.	203,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVE CARLSON PRESIDENT & CEO	(i)	376,591.	0.	1,242.	18,131.	15,420.	411,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STAN MOSER EXECUTIVE VICE PRESIDENT	(i)	89,971.	0.	0.	0.	0.	89,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID LECHNER PRESIDENT, CPG	(i)	234,212.	0.	1,242.	3,212.	14,712.	253,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID RICHHART VP - FISCAL SERVICES	(i)	190,147.	0.	2,162.	9,119.	9,846.	211,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JONATHAN, WEISUL CHEIF MEDICAL OFFICER	(i)	294,015.	0.	0.	13,251.	16,222.	323,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID JINICH, MD PHYSICIAN	(i)	615,406.	89,825.	1,242.	5,173.	8,976.	720,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GREGORY UTTER, MD PHYSICIAN	(i)	381,703.	0.	2,322.	18,380.	23,623.	426,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH SUH, MD PHYSICIAN	(i)	287,159.	2,286.	0.	1,356.	3,691.	294,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BONNIE STEPHENS, MD PHYSICIAN	(i)	279,856.	0.	486.	5,564.	22,603.	308,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILLIP HOLMAN, MD PHYSICIAN	(i)	273,351.	0.	2,455.	9,324.	24,443.	309,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: CMC PAID COUNTRY CLUB DUES ON BEHALF OF STEVE CARLSON,
CEO IN THE AMOUNT OF \$2,837. THIS AMOUNT WAS NOT INCLUDED IN STEVE'S
TAXABLE COMPENSATION.

DRAFT

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

COMMUNITY MEDICAL CENTER, INC.

Employer identification number
81-0247705

Part I Bond Issues		SEE PART VI FOR COLUMN (F) CONTINUATIONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MONTANA FACILITY FINANCE AUTHORITY	36-4615155	612043JA3	12/29/10	24,400,067.	CONSTRUCTION/FACILITY EXPANSION OF		X		X		X
B	MONTANA FACILITY FINANCE AUTHORITY	36-4615155	NONE	06/29/10	14,525,000.	REFINANCE 1988, 1996, AND 2001 BO		X		X		X
C												
D												

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired			12,740,000.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	24,146,299.		14,345,948.					
4	Gross proceeds in reserve funds	2,141,930.							
5	Capitalized interest from proceeds	2,254,310.							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	565,765.		178,052.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	15,777,834.							
11	Other spent proceeds								
12	Other unspent proceeds	3,390,922.							
13	Year of substantial completion			2001					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MONTANA FACILITY FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION/FACILITY EXPANSION OF WOMEN'S, NEWBORN CARE, & ONCOLOGY CENTER

(A) ISSUER NAME: MONTANA FACILITY FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFINANCE 1988, 1996, AND 2001 BONDS

SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS OF ISSUE

TOTAL PROCEEDS OF \$24,146,299 ON PART II, LINE 3 DOES NOT EQUAL THE ISSUE PRICE OF \$24,400,061 INCLUDED IN PART I, LINE A, COLUMN E. THE DIFFERENCE OF \$253,768 IS EQUAL TO THE UNDERWRITERS' DISCOUNTS.

TOTAL PROCEEDS OF \$14,345,948 ON PART II, LINE 3 DOES NOT EQUAL THE ISSUE PRICE OF \$14,524,000 INCLUDED IN PART I, LINE A, COLUMN E. THE DIFFERENCE OF \$178,052 IS EQUAL TO THE BOND ISSUANCE COSTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

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: THE FORM 990 AND RELATED SCHEDULES WILL BE GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IN THE BEGINNING OF EACH CALENDAR YEAR, THE BOARD IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM THAT SPECIFICALLY ASKS ABOUT OUTSIDE INTERESTS, OUTSIDE ACTIVITIES, GIFTS, GRATUITIES, AND ENTERTAINMENT, AND INSIDE INFORMATION AND OTHER INTEREST. ON THIS SAME FORM, BOARD MEMBERS MUST ALSO CERTIFY THAT THEY

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

HAVE A CONTINUING RESPONSIBILITY TO OBSERVE AND APPLY THE PROVISIONS OF THE POLICY. THIS CERTIFICATION REQUIRES THAT THEY UPDATE THEIR CONFLICT OF INTEREST FORM SHOULD ANY NEW CONFLICTS DEVELOP. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST MAY NOT VOTE, INFLUENCE, OR PARTICIPATE IN ANY WAY ON ANY MATTER THAT THEY, OR THEIR RELATIVES, HAVE A SUBSTANTIAL INTEREST. THE ANNUAL CONFLICT OF INTEREST FORMS ARE MONITORED BY THE CEO'S ASSISTANT.

FORM 990, PART VI, SECTION B, LINE 15: WE HIRED AN INDEPENDENT SERVICE (INTEGRATED HEALTHCARE STRATEGIES) TO DO AN EXECUTIVE COMPENSATION SURVEY. THIS SURVEY WAS CONDUCTED FOR THE TOP 12 COMPENSATED EMPLOYEES OF THE HOSPITAL. THE DATA WAS PRESENTED TO THE BOARD OF DIRECTORS, AND SALARY ADJUSTMENTS (IF ANY) WERE DETERMINED. THE SURVEY INCLUDED REGIONAL AND NATIONAL COMPARISONS TO INSTITUTIONS OF A SIMILAR SIZE AND REVENUE GENERATION TO MAKE THE RESULTS COMPARABLE.

AS MENTIONED ABOVE, THE SAME PROCESS THAT WAS USED FOR THE CEO, WAS USED TO COMPARE THE SALARIES OF OTHER KEY EXECUTIVES.

THE LAST COMPENSATION ANALYSIS WAS PERFORMED IN 2011.

FORM 990, PART VI, SECTION C, LINE 18: IN ADDITION TO BEING AVAILABLE UPON REQUEST, CMC'S FORM 990 IS ALSO AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG.

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

232212
01-04-13

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

OTHER FEES:

PROGRAM SERVICE EXPENSES	15,981,708.
MANAGEMENT AND GENERAL EXPENSES	5,449,098.
FUNDRAISING EXPENSES	445.
TOTAL EXPENSES	21,431,251.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,431,251.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST OF CMC FOUNDATION	-392,567.
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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY MEDICAL CENTER FOUNDATION - 36-3627205, 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804	TO PROVIDE FUNDING TO COMMUNITY MEDICAL CENTER HOSPITAL	MONTANA	501(C)(3)	7	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MONTANA HEART ANGIO LAB, LLC - 81-0542065, 2827 FORT MISSOULA ROAD, MISSOULA, MT 59804	CATH LAB	MT	COMMUNITY MEDICAL CENTER	RELATED	2,356,353.	1,850,933.		X	N/A		X	92.90%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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?

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTANA HEART ANGIO LAB, LLC	A	95,518.FMV	
(2) MONTANA HEART ANGIO LAB, LLC	D	240,071.FMV	
(3) MONTANA HEART ANGIO LAB, LLC	J	95,518.FMV	
(4) MONTANA HEART ANGIO LAB, LLC	K	54,748.FMV	
(5) MONTANA HEART ANGIO LAB, LLC	L	117,616.FMV	
(6) MONTANA HEART ANGIO LAB, LLC	M	1,833,160.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) MONTANA HEART ANGIO LAB, LLC	O	783,197.	FMV
(8) MONTANA HEART ANGIO LAB, LLC	Q	1,947,072.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

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

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	COMMUNITY MEDICAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 2827 FORT MISSOULA ROAD City or town, state, and ZIP code MISSOULA, MT 59804	81-0247705 E Unrelated business activity codes (See instructions) 621500 446110
C Book value of all assets at end of year 153,399,701.	F Group exemption number (see instructions) ▶		
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

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

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

J The books are in care of **▶ DAVID RICHHART** Telephone number **▶ 406-327-4004**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 4,403,513.			
b Less returns and allowances 1,698,750. c Balance ▶	1c 2,704,763.		
2 Cost of goods sold (Schedule A, line 7)	2 1,668,289.		
3 Gross profit. Subtract line 2 from line 1c	3 1,036,474.		1,036,474.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 1,036,474.		1,036,474.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	564,506.
16 Repairs and maintenance		16	48.
17 Bad debts		17	
18 Interest (attach statement)		18	
19 Taxes and licenses		19	550.
20 Charitable contributions (see instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		99,430.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	99,430.
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	132,885.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach statement) SEE STATEMENT 1		28	968,407.
29 Total deductions. Add lines 14 through 28		29	1,765,826.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-729,352.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-729,352.
33 Specific deduction (generally \$1,000, but see instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-729,352.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Credited to 2013 estimated tax.

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation: LOWER OF COST OR MARKET

Table with 4 columns: Line number, Description, Amount, and Yes/No. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, Title (VP - FISCAL SERVICES), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (ROBERT E. SCHILE), Preparer's signature, Date, Check self-employed, PTIN (P00369682), Firm's name (CLIFTONLARSONALLEN LLP), Firm's address (220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402), Firm's EIN (41-0746749), and Phone no. (612-376-4500).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

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

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMIN & ALLOCABLE OVERHEAD		624,754.	
PROFESSIONAL FEES		46,576.	
PURCHASED SERVICES		253,277.	
OTHER SUPPLIES		12,898.	
LEASES/RENTAL EXPENSE		18,221.	
EDUCATION & TRAVEL		2,225.	
DUES & SUBSCRIPTIONS		426.	
OTHER MISCELLANEOUS		10,030.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		968,407.	

FORM 990-T	NET OPERATING LOSS DEDUCTION		STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	140,357.	140,357.	0.	0.
06/30/11	270,364.	270,364.	0.	0.
06/30/12	380,924.	0.	380,924.	380,924.
NOL CARRYOVER AVAILABLE THIS YEAR			380,924.	380,924.

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