

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: LONGMONT UNITED HOSPITAL. D Employer identification number: 84-0460697. E Telephone number: (303) 651-5023. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number.

G Website: WWW.LUHCARES.ORG

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 154,606,670.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23, 24, 25a-25c, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43a-43g, 44.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash - non-interest-bearing			11,017,744.	45	9,813,005.
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	29,540,319.			
	b Less: allowance for doubtful accounts	47b	4,167,368.	21,759,937.	47c	25,372,951.
	48a Pledges receivable	48a	1,650,044.			
	b Less: allowance for doubtful accounts	48b	NONE	1,152,917.	48c	1,650,044.
	49 Grants receivable			118,927.	49	32,800.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule) STMT 7	51a	327,954.			
	b Less: allowance for doubtful accounts	51b	NONE	342,808.	51c	327,954.
	52 Inventories for sale or use			3,119,940.	52	3,005,448.
	53 Prepaid expenses and deferred charges			2,893,223.	53	2,712,318.
	54a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			21,776,675.	54a	30,721,819.
	b Investments - other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			22,195.	54b	20,145.
	55a Investments - land, buildings, and equipment: basis	55a		STMT 9		
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT 10			51,442,073.	56	29,233,007.
	57a Land, buildings, and equipment: basis	57a	158,795,292.			
	b Less: accumulated depreciation (attach schedule)	57b	79,113,617.	80,932,616.	57c	79,681,675.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 11)			15,153,009.	58	38,544,421.	
59 Total assets (must equal line 74). Add lines 45 through 58			209,732,064.	59	221,115,587.	
Liabilities	60 Accounts payable and accrued expenses			15,589,427.	60	19,467,244.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule) STMT 12			105,139,559.	64a	102,463,891.
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/>)				65	
66 Total liabilities. Add lines 60 through 65			120,728,986.	66	121,931,135.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			84,751,802.	67	94,433,297.
	68 Temporarily restricted			4,251,276.	68	4,751,155.
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			89,003,078.	73	99,184,452.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73			209,732,064.	74	221,115,587.	

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes questions 82a through 91a and 91b, with Yes/No columns and a table for state listing.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** **Yes** **No**
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | _____ N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERV. REV.					148,983,499.
b NET RENTAL INCOME					359,643.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .			14	3,215,853.	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue: a STMT 18				978,155.	540,025.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				4,194,008.	149,883,167.
105 Total (add line 104, columns (B), (D), and (E)) ▶					154,077,175.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 19

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 20	%		4,362,256.	5,245,701.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Yes** **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Yes** **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 22 ----- -----			
b	----- -----			
c	----- -----			
Totals				322,336.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here

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.

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>		EIN <input type="checkbox"/>	13-5565207
KPMG LLP 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102		Phone no. <input type="checkbox"/>	405-239-6411

Form **990** (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

LONGMONT UNITED HOSPITAL

84-0460697

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 23				
Total number of other employees paid over \$50,000 . . ▶	446			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 24		
Total number of others receiving over \$50,000 for professional services ▶	28	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 25		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 9,206. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .S.T.M.T. .26

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

_____ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

_____ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE... 26a
b Prepare a list for your records to show the name of and amount contributed by each person... 26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)... 26c
d Add: Amounts from column (e) for lines: 18, 19, 22, 26b... 26d
e Public support (line 26c minus line 26d total)... 26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))... 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:
NOT APPLICABLE
(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21... 27c
d Add: Line 27a total and line 27b total... 27d
e Public support (line 27c total minus line 27d total)... 27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))... 27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))... 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		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		9,206.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			9,206.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 27**

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

LONGMONT UNITED HOSPITAL

Employer identification number

84-0460697

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 organizations 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 Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization LONGMONT UNITED HOSPITAL	Employer identification number 84-0460697
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LONGMONT UNITED HOSPITAL FOUNDATION 1950 W. MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	\$ 529,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

GENERAL EXPLANATION STATEMENT 1
 PART IV, LINE 64A: TAX EXEMPT BOND LIABILITIES

FORM 990, PART IV, LINE 64A - TAX EXEMPT BOND LIABILITIES
 =====

DESCRIPTION -----	BOY -----	EOY -----
2000 HOSPITAL REVENUE BONDS	2,380,000	1,830,000
UNEXPENDED PROCEEDS:	NONE	NONE
MATURITY DATE: 12/01/2030		
INTEREST RATE: 5.76000%		
ACQUIRE, IMPROVE, & CONSTRUCT HOSPITAL FACILITIES.		
2003 HOSPITAL REVENUE BONDS	12,905,000	12,195,000
UNEXPENDED PROCEEDS:	NONE	NONE
MATURITY DATE: 12/01/2020		
INTEREST RATE: 2.0% TO 5.0%		
ADVANCE REFUNDING OF 1993 BOND ISSUE.		
2006A HOSPITAL REVENUE BONDS	40,000,000	39,370,000
UNEXPENDED PROCEEDS:	32,144,475	9,588,775
MATURITY DATE: 06/12/2030		
INTEREST RATE: 4.75%		
IMPROVE & CONSTRUCT HOSPITAL FACILITIES.		
2006B HOSPITAL REVENUE BONDS	48,965,000	48,210,000
UNEXPENDED PROCEEDS:	NONE	NONE
MATURITY DATE: 06/12/2036		
INTEREST RATE: 4.92%		
ADVANCE REFUNDING OF 1997 & 2000 BOND ISSUE.		
(LESS)/PLUS: ORIGINAL ISSUE DISCOUNT	889,559	858,891
TOTALS	----- \$105,139,559 =====	----- \$102,463,891 =====

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GENERAL EXPLANATION STATEMENT 2
FORM 990, PART V-A, LINE 75B

THE FOLLOWING OFFICERS AND DIRECTORS LISTED IN FORM 990, PART V-A HAVE A FAMILY OR BUSINESS RELATIONSHIP WITH ANOTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE OF LONGMONT UNITED HOSPITAL.

RICHARD LYONS (DIRECTOR) AND JOHN CALDWELL (SECRETARY) OWN PARTNERSHIP INTERESTS IN AN OFFICE BUILDING LOCATED AT 515 KIMBARK ST., LONGMONT, CO. TOM BECKMANN (CHAIRPERSON) OFFERS LEGAL SERVICES TO THE GENERAL PUBLIC AND IN THE COURSE OF HIS LEGAL PRACTICE MAY PROVIDE LEGAL SERVICES TO OTHER DIRECTORS BUT BELIEVES NO FURTHER DISCLOSURE IS PERMITTED BECAUSE OF ATTORNEY-CLIENT PRIVILEGE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

GENERAL EXPLANATION STATEMENT 3
 FORM 990, PART II, LINE 42 AND PART IV, LINE 57A & 57B

ASSET DESCRIPTION	BOY COST	ADDITIONS	DISPOSALS	EOY COST
LAND	\$ 2,048,862	\$ 0	\$ 0	\$ 2,048,862
BUILDINGS & PERMANENT FIXTURES	101,339,581	5,046,360	(70,946)	106,314,995
FURNITURE, FIXTURES & EQUIPMENT	50,287,561	2,033,528	(1,889,654)	50,431,435
TOTAL COST OF PP&E	\$153,676,004	\$7,079,888	\$(1,960,600)	\$158,795,292

LESS ACCUMULATED DEPRECIATION:

ASSET DESCRIPTION	BEG. A/D	DEPREC.	DISPOSALS	END A/D
BUILDINGS & PERMANENT FIXTURES	\$36,495,778	\$4,101,439	\$(70,946)	\$40,526,271
FURNITURE, FIXTURES & EQUIPMENT	36,247,610	4,199,174	(1,859,438)	38,587,346
TOTAL A/D	\$72,743,388	\$8,300,613	\$(1,930,384)	\$79,113,617

NET COST OF PP&E \$79,681,675

CURRENT YEAR DEPRECIATION EXPENSE \$8,300,613

DEPRECIATION IS COMPUTED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE RELATED ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GENERAL EXPLANATION STATEMENT 4
FORM 990, PART IV, LINE 68

LONGMONT UNITED HOSPITAL FOUNDATION (THE FOUNDATION) WAS FORMED TO PLAN, ORGANIZE, INSTITUTE, AND ADMINISTER PROJECTS THAT PROVIDE PUBLIC SUUPPORT FOR THE HOSPITAL. IN THE ABSENCE OF DONOR RESTRICTIONS, THE FOUNDATION'S BOARD OF DIRECTORS HAS DISCRETIONARY CONTROL OVER THE AMOUNTS TO BE DISTRIBUTED TO THE HOSPITAL, THE TIMING OF SUCH DISTRIBUTIONS, AND THE PURPOSES FOR WHICH SUCH FUNDS ARE TO BE USED. TWO MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS SERVE ON THE 14 MEMBER BOARD OF DIRECTORS OF THE FOUNDATION.

UNDER U. S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE HOSPITAL IS DEEMED TO BE A FINANCIALLY INTERRELATED BENEFICIARY OF THE FOUNDATION. THEREFORE, THE NET ASSETS OF THE FOUNDATION HAVE BEEN SHOWN ON THE HOSPITAL'S CONSOLIDATED BALANCE SHEETS AS TOTAL NET ASSETS HELD BY LONGMONT UNITED HOSPITAL FOUNDATION. THE NET ASSETS OWNED BY THE FOUNDATION ARE REFLECTED IN TEMPORARILY RESTRICTED NET ASSETS.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
 =====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	328,522.
CHANGE IN INTEREST IN NET ASSETS HELD BY LONGMONT UNITED HOSPITAL FOUNDATION	54,724.
TOTAL	----- 383,246. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
PHYSICIAN FEES	3,152,979.	3,152,979.	NONE
RECRUITMENT	836,246.	822,798.	13,448.
UTILITIES	1,300,888.	NONE	1,300,888.
CONSULTING	157,547.	137,521.	20,026.
PURCHASED SERVICES	4,898,459.	4,278,618.	619,841.
INSURANCE	1,110,101.	NONE	1,110,101.
BOND COSTS	121,530.	106,082.	15,448.
DUES/MEMBERSHIPS/SUBS	263,247.	229,785.	33,462.
COMMUNITY SUPPORT	190,690.	NONE	190,690.
MISCELLANEOUS EXPENSES	1,229,813.	1,022,522.	207,291.
BAD DEBT	12,426,561.	12,426,561.	NONE
TOTALS	25,688,061.	22,176,866.	3,511,195.

=====

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
 =====

BORROWER: TRI-TOWN MEDICAL CAMPUS, LLC
 ORIGINAL AMOUNT: 382,500.
 INTEREST RATE: 4.510000
 DATE OF NOTE: 01/01/2003
 MATURITY DATE: 01/01/2023
 REPAYMENT TERMS: INTEREST ONLY YEAR "1" THEN \$2,500.80 MONTHLY
 SECURITY PROVIDED: VACANT LAND
 PURPOSE OF LOAN: LAND PURCHASE DOWNPAYMENT
 DESCRIPTION AND FMV VACANT LAND
 OF CONSIDERATION: 1,482,500.
 RELATIONSHIP: JOINT VENTURE WITH LONGMONT CLINIC

BEGINNING BALANCE DUE	342,808.
ENDING BALANCE DUE	327,954.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	342,808.
--	----------

=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	327,954.
--	----------

=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
ASSETS LIMITED AS TO USE			
FUNDED DEPRECIATION:			
FIXED INCOME PORTFOLIO	13,386,384.	16,017,487.	FMV
CORPORATE NOTES AND BONDS	7,117,910.	12,761,499.	FMV
EXTERNALLY RESTRICTED BY BOND INDENTURES:			
FIXED INCOME PORTFOLIO	1,272,381.	1,942,833.	FMV
	-----	-----	
TOTALS	21,776,675.	30,721,819.	
	=====	=====	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INTEREST RECEIVABLE	22,195.	20,145.
TOTALS	----- 22,195. =====	----- 20,145. =====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ASSETS LIMITED AS TO USE		
FUND DEPRECIATION:		
CASH AND CASH EQUIVALENTS	12,576,509.	13,041,023.
ACCRUED INTEREST	678,124.	615,349.
EXTERNALLY RESTRICTED BY BOND INDENTURES:		
CASH AND CASH EQUIVALENTS	37,365,257.	14,261,636.
INVESTMENTS IN LLC'S	822,183.	1,314,999.
	-----	-----
TOTALS	51,442,073.	29,233,007.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BOND ISSUANCE COSTS	2,659,754.	2,497,992.
NET ASSETS HELD BY LONGMONT UNITED HOSPITAL FOUNDATION SEE STATEMENT 4	3,456,206.	3,510,930.
CONSTRUCTION IN PROGRESS	9,037,049.	32,535,499.
	-----	-----
TOTALS	15,153,009.	38,544,421.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
SEE STATEMENT 1	105,139,559.	102,463,891.
	-----	-----
TOTALS	105,139,559.	102,463,891.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	-1,017,912.
CONTRIBUTION FROM LONGMONT UNITED HOSPITAL FOUNDATION	529,495.

TOTAL	-488,417.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	1,017,912.

TOTAL	1,017,912.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
TOM BECKMANN 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	CHAIRPERSON 5.00	NONE	NONE	NONE
NEIL W BERTRAND 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	CFO 40.00	298,378.	23,415.	NONE
JAMES BRITTON MD 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	DIRECTOR 5.00	NONE	NONE	NONE
JOHN CALDWELL 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	SECRETARY 5.00	NONE	NONE	NONE
MITCHELL C CARSON 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	PRESIDENT/CEO 40.00	430,622.	25,750.	NONE
LINDA HENRY 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	SECRETARY/TREASURER 5.00	NONE	NONE	NONE
DAN GUST	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501				
MARTIN PLASTER 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	TREASURER 5.00	NONE	NONE	NONE
JOHN SHETTER 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	VICE CHAIRPERSON 5.00	NONE	NONE	NONE
LEONA STOECKER 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	DIRECTOR 5.00	NONE	NONE	NONE
MARK HINMAN MD 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	DIRECTOR 5.00	NONE	NONE	NONE
RICHARD LYONS 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	DIRECTOR 5.00	NONE	NONE	NONE
	GRAND TOTALS	729,000.	49,165.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: SUMMERTREE CORPORATION

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: UNITED MEDICAL BUILDING CONDOMINIUM ASSOCIATION

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: LONGMONT UNITED LAND HOLDINGS, LLC

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: TWIN PEAKS MEDICAL IMAGING LLC

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: LMC COMMUNICATIONS, LLC

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: TRI-TOWN MEDICAL CAMPUS, LLC

EXEMPT: NONEXEMPT: X

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
103B TUITION REV.					21,673.
103C CAFETERIA			03	505,204.	
103D PHARMACY			03	5,493.	
103E CATERING			41	6,073.	
103F VENDOR REBATE			01	270,351.	
103G HEALTH CTR FOR INTEGRATED THERAPY					315,190.
103H UNITED HEALTH & WELLNESS CTR					180,463.
103I PRESTIGE CLUB					22,699.
103J MISC. INCOME			01	191,034.	
TOTALS		----- =====		----- =====	----- =====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A	THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY CARE,
93A	HOME HEALTH CARE, AND SKILLED NURSING.
93B	RENTAL INCOME FROM PHYSICIANS IN MEDICAL OFFICE BUILDING.
103B	INCOME EARNED FROM EMT TRAINING COURSES.
103G	REVENUE GENERATED FROM THE HEALTH CENTER FOR INTEGRATED
103G	THERAPY DEPARTMENT WHICH INCLUDES MASSAGE THERAPY, AROMA
103G	THERAPY, AND ACUPUNCTURE.
103H	REVENUE GENERATED FROM THE UNITED HEALTH & WELLNESS CENTER
103H	WHICH INCLUDES A REHABILITATION GYM.
103I	PRESTIGE CLUB IS A DEPARTMENT OF THE HOSPITAL WHICH PROVIDES
103I	DISCOUNTED SERVICES TO SENIORS IN THE COMMUNITY.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
LONGMONT UNITED LAND HOLDINGS 1950 MOUNTAIN VIEW AVENUE LONGMONT, CO 80501 84-1554099	100.000000	REAL ESTATE	5,040.	84,951.
TWIN PEAKS MEDICAL IMAGING LLC P. O. BOX 87 LONGMONT, CO 80502 73-1656489	50.000000	DIAG. IMAGING	3,215,645.	819,913.
SUMMERTREE CORPORATION 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501 84-0932735	100.000000	HOME CARE	261,319.	NONE
LMC COMMUNICATIONS, LLC 1950 MOUNTAIN VIEW AVE. LONGMONT, CO 80501 75-3081353	50.000000	VOICE/DATA	116,071.	45,117.
TRI-TOWN MEDICAL CAMPUS, LLC 1950 MOUNTAIN VIEW AVE. LONGMONT, CO 80501 33-1035669	50.000000	OFFICE LEASE	300,133.	4,205,950.
UNITED MEDICAL BLDG CONDO ASSN 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501 84-1526130	89.000000	PROPERTY MGMT	464,048.	89,770.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
TOTAL INCOME			----- 4,362,256.	----- 5,245,701. =====

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: SUMMERTREE CORPORATION
CONTROLLED ENTITY'S ADDRESS: 1950 WEST MOUNTAIN VIEW AVENUE
CITY, STATE & ZIP: LONGMONT, CO 80501
EIN: 84-0932735
TRANSFER AMOUNT: 253,632.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
REIMBURSEMENT FOR SALARIES, RENTS, AND OTHER MISC. EXPENSES

CONTROLLED ENTITY'S NAME: UNITED MEDICAL BLDG CONDOMINIUM ASSOC.
CONTROLLED ENTITY'S ADDRESS: 1950 WEST MOUNTAIN VIEW AVENUE
CITY, STATE & ZIP: LONGMONT, CO 80501
EIN: 84-1562130
TRANSFER AMOUNT: 68,704.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
RENT

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
SHARON ROMINGER 1950 WEST MOUNTAIN VIEW AVE. LONGMONT, CO 80501	CHIEF NURSING OFF. 40.00	190,291.	15,368.	NONE
CAROL E SMITH 1950 WEST MOUNTAIN VIEW AVE. LONGMONT, CO 80501	VP LEGAL/REGULATORY 40.00	187,806.	4,787.	NONE
VERSA MOONEY 1950 WEST MOUNTAIN VIEW AVENUE LONGMONT, CO 80501	INT. DIR/HOME CARE 40.00	158,415.	930.	NONE
FABIO PIVETTA 1950 WEST MOUNTAIN VIEW AVE. LONGMONT, CO 80501	UMC -PHYSICIAN 40.00	158,392.	4,752.	NONE
LAURA PERRI 1950 WEST MOUNTAIN VIEW AVE. LONGMONT, CO 80501	PHYSICIAN 40.00	142,547.	3,679.	NONE
	TOTAL COMPENSATION	----- 837,451. =====	----- 29,516. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
LONGMONT CLINIC 1925 W. MOUNTAIN VIEW AVE. LONGMONT, CO 80501	PHYSICIAN SERVICES	530,312.
MAYO MEDICAL LABORATORIES P. O. BOX 9146 MINNEAPOLIS, MN 55480-9146	MEDICAL SERVICES	518,290.
BOULDER NEUROSURGICAL ASSOCIATES 1155 ALPINE, SUITE 230 BOULDER, CO 80304	PHYSICIAN SERVICES	400,504.
WESTNEPH ACUTE 4891 INDEPENDENCE ST. 120 WHEAT RIDGE, CO 80033	MEDICAL SERVICES	324,571.
LONGMONT ANESTHESIA ASSOCIATES 1181 WYNDEMERE CIRCLE LONGMONT, CO 80501	PHYSICIAN SERVICES	301,124.
TOTAL COMPENSATION		----- 2,074,801. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
LRH CONSULTING 498 OWL DRIVE LOUISVILLE, CO 80027	CONSULTING	151,200.
TOTAL COMPENSATION		----- 151,200. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V-A, STATEMENTS 14-15. IN ADDITION, THE ORGANIZATION REIMBURSED MITCHELL C. CARSON, PRESIDENT/CEO, \$18,899 IN BUSINESS EXPENSES UNDER AN ACCOUNTABLE PLAN. THESE EXPENSES INCLUDED EDUCATIONAL AND TRAVEL EXPENSES ASSOCIATED WITH THE BOARD OF DIRECTORS.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

THE PORTION OF AMERICAN HOSPITAL ASSOCIATION DUES PAID FOR LOBBYING EXPENSES WAS \$9,206.