

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.) 2200 E SHOW LOW LAKE ROAD SHOW LOW, AZ 85901	D Employer Identification Number 86-0320447 E Telephone number 928-537-4375 G Gross receipts \$ 117,095,311.
F Name and address of principal officer: KURT LOVELESS SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.SUMMITHEALTHCARE.NET		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: 1976		M State of legal domicile: AZ	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>ACUTE CARE HOSPITAL</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	829
	6 Total number of volunteers (estimate if necessary)	6	197
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	281,709.	183,970.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,876,746.	113,847,677.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,206.	1,796,412.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	743,741.	1,015,583.
		98,129,402.	116,843,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,339,116.	45,821,032.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,096.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	48,320,083.	54,371,460.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	89,659,199.	100,192,492.
19 Revenue less expenses. Subtract line 18 from line 12	8,470,203.	16,651,150.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	114,969,845.	130,719,529.
	22 Net assets or fund balances. Subtract line 21 from line 20	45,559,760.	44,717,789.
		69,410,085.	86,001,740.

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	
	▶ <u>KURT LOVELESS</u> Type or print name and title.	CFO	
Paid Preparer's Use Only	Preparer's signature ▶ <u>INGER SULLENGER, CPA</u>	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>TCA PARTNERS, LLP</u> <u>1111 EAST HERNDON AVENUE, SUITE 211</u> <u>FRESNO, CA 93720</u>	Preparer's identifying number (see instructions)	EIN ▶ <u>20-2707086</u>
		Phone no. ▶ <u>(559) 431-7708</u>	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ACUTE CARE HOSPITAL

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

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

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

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

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

4a (Code:) (Expenses \$ 78,084,396. including grants of \$) (Revenue \$ 113,847,677.)

SEE SCHEDULE O

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 ▶ 78,084,396.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	X	
36 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	133	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	829	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body	1 a 7		
b Enter the number of voting members that are independent	1 b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? <i>SEE SCHEDULE O</i>	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? <i>SEE SCH O</i>	3	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		X

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

		Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10 a		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. <i>SEE SCHEDULE O</i>			
12 a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12 a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O</i>	12 c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15 a	X	
b Other officers of key employees of the organization. <i>SEE SCHEDULE O</i> <i>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</i>	15 b	X	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X	
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		X

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed **▶** AZ
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. *SEE SCHEDULE O*
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
▶ CARIE L. POGUE, CONTROLLER 2200 E SHOW LOW LAKE ROAD SHOW LOW AZ 85901 928-537-6306

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
NEAL THOMPSON CHAIRMAN	4	X					8,550.	0.	876.	
PAUL WATSON VICE CHAIRMAN	4	X					6,150.	0.	0.	
ROMA LEE HIATT SECRETARY	4	X					6,150.	0.	13,668.	
JOHN CORDER BOARD MEMBER	4	X					6,150.	0.	0.	
TRAVIS MERRILL BOARD MEMBER	4	X					6,150.	0.	0.	
THOMAS PAXMAN, D.O. BOARD MEMBER	4	X					5,900.	0.	14,976.	
TERRENCE JONES CAVANAUGH BOARD MEMBER	4	X					8,883.	0.	16,385.	
STEPHEN HUEY CFO	40			X			170,003.	0.	22,381.	
ROBIN CONKLIN CNO	40			X			167,427.	0.	25,601.	
SNEHAL G THAKKAR MD PHYSICIAN	40				X		505,648.	0.	12,029.	
VICTOR R HENDERSON MD PHYSICIAN	40				X		382,695.	0.	35,634.	
MITCHELL A MAJOR MD PHYSICIAN	40				X		291,818.	0.	15,621.	
DAVID J FINDLAY MD PHYSICIAN	40				X		167,634.	0.	10,671.	
ELLEN SKELTON RN	40				X		155,284.	0.	21,144.	
GREG BUTLER FORMER BOARD MEMBER	0					X	0.	0.	10,813.	
NORRIS BALDWIN FORMER BOARD MEMBER	0					X	0.	0.	13,969.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c	76,642.				
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	107,328.				
	g Noncash contribns included in lns 1a-1f: \$						
h Total. Add lines 1a-1f ▶			183,970.				
PROGRAM SERVICE REVENUE	2 a <u>ALL OTHER PAYORS REVENUE</u>		Business Code				
	b <u>MEDICARE & MEDICAL</u>			55,057,494.	55,057,494.		
	c <u>SELF PAY REVENUE</u>			49,600,617.	49,600,617.		
	d			9,189,566.	9,189,566.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			113847677.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶			1,831,393.		1,831,393.	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6 a Gross Rents	(i) Real	(ii) Personal				
				67,145.			
		b Less: rental expenses					
	c Rental income or (loss)			67,145.			
	d Net rental income or (loss) ▶			67,145.		67,145.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					202,593.		
		b Less: cost or other basis and sales expenses				237,574.	
		c Gain or (loss)				-34,981.	
	d Net gain or (loss) ▶			-34,981.		-34,981.	
	8 a Gross income from fundraising events (not including \$ 76,642. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses			14,095.		
		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 <u>CAFETERIA</u>			387,294.		387,294.		
b <u>OCCUPATIONAL HEALTH</u>			223,798.	223,798.			
c <u>OTHER MISCELLANEOUS</u>			210,462.	210,462.			
d All other revenue			126,884.	126,884.			
e Total. Add lines 11a-11d ▶			948,438.				
12 Total revenue. See instructions ▶			116843642.	114408821.	0.	2,250,851.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	479,250.	0.	479,250.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)).	24,782.	0.	24,782.	0.
7 Other salaries and wages.	33,855,579.	26,350,033.	7,453,919.	51,627.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	1,024,872.	797,637.	224,974.	2,261.
9 Other employee benefits.	7,960,485.	6,208,382.	1,752,103.	
10 Payroll taxes.	2,476,064.	1,926,868.	543,475.	5,721.
11 Fees for services (non-employees):				
a Management.	723,684.		723,684.	
b Legal.	697,468.		697,468.	
c Accounting.	40,000.		40,000.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.	73,759.		73,759.	
g Other.	5,517,543.	4,301,744.	1,213,312.	2,487.
12 Advertising and promotion.	509,527.		509,527.	
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,334,633.	1,041,014.	293,619.	
17 Travel.	94,157.		94,157.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	245,360.		245,360.	
20 Interest.	1,807,728.		1,807,728.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,303,137.	4,136,447.	1,166,690.	
23 Insurance.	1,784,171.		1,784,171.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SUPPLIES</u>	19,151,531.	17,076,895.	2,074,636.	
b <u>BAD DEBT</u>	8,424,039.	8,424,039.		
c <u>PROFESSIONAL FEES</u>	3,282,282.	3,282,282.		
d <u>EQUIPMENT RENT & MAINTENANCE</u>	3,045,033.	3,045,033.		
e <u>PHYSICIAN RECRUITMENT</u>	1,494,022.	1,494,022.		
f All other expenses.	843,386.		843,386.	
25 Total functional expenses. Add lines 1 through 24f.	100,192,492.	78,084,396.	22,046,000.	62,096.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash — non-interest-bearing	411,254.	1	-285,734.
	2	Savings and temporary cash investments	8,811,412.	2	24,839,338.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,725,153.	4	13,852,011.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	224,329.	7	90,457.
	8	Inventories for sale or use	1,669,119.	8	1,990,780.
	9	Prepaid expenses and deferred charges	359,479.	9	391,848.
	10a	Land, buildings, and equipment: cost or other basis.. Complete Part VI of Schedule D	10a 102,852,020.		
	b	Less: accumulated depreciation.....	10b 40,105,163.	63,737,317.	10c 62,746,857.
	11	Investments — publicly-traded securities	21,894,538.	11	23,270,985.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,137,244.	15	3,822,987.
16	Total assets. Add lines 1 through 15 (must equal line 34)	114,969,845.	16	130,719,529.	
LIABILITIES	17	Accounts payable and accrued expenses	7,454,883.	17	7,091,995.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	37,831,969.	20	36,709,233.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	272,908.	25	916,561.
26	Total liabilities. Add lines 17 through 25	45,559,760.	26	44,717,789.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	68,818,791.	27	85,411,115.
	28	Temporarily restricted net assets	591,294.	28	590,625.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	69,410,085.	33	86,001,740.	
34	Total liabilities and net assets/fund balances	114,969,845.	34	130,719,529.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

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

BAA

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 – 2008. 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 – 2009 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 – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lns 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 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)	Employer identification number 86-0320447
---	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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)/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, aggregate 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 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: 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 their Form 990, or check the box on line H of its Form 990-EZ, or on 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SUMMIT HEALTHCARE ASSOCIATION

86-0320447

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 5,000.	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.)

Name of organization

Employer identification number

SUMMIT HEALTHCARE ASSOCIATION

86-0320447

Part II Noncash Property (see instructions.)

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

Name of organization SUMMIT HEALTHCARE ASSOCIATION	Employer identification number 86-0320447
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)

86-0320447

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.

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If 'Yes,' explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		1,112,850.		1,112,850.
b Buildings		67,661,004.	19,576,982.	48,084,022.
c Leasehold improvements				
d Equipment		32,772,650.	20,528,181.	12,244,469.
e Other		1,305,516.		1,305,516.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				62,746,857.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		116,843,642.
2	Total expenses (Form 990, Part IX, column (A), line 25)		100,192,492.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		16,651,150.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) ... SEE PART XIV		-59,495.
9	Total adjustments (net). Add lines 4 through 8		-59,495.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		16,591,655.

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

1	Total revenue, gains, and other support per audited financial statements		1	116,891,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) ... SEE PART XIV	2d	47,439.	
	e Add lines 2a through 2d	2e		47,439.
3	Subtract line 2e from line 1		3	116,843,642.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	116,843,642.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	100,299,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV) ... SEE PART XIV	2d	106,934.	
	e Add lines 2a through 2d	2e		106,934.
3	Subtract line 2e from line 1		3	100,192,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	100,192,492.

Part XIV Supplemental Information

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

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**SUMMIT HEALTHCARE ASSOCIATION
(FKA NAVAPACHE HEALTH CARE ASSOC., INC.)**

86-0320447

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET ASSETS RELEASED FROM RESTRICTION.....	\$	-106,934.
NET ASSETS RELEASED FROM RESTRICTION.....		<u>47,439.</u>
TOTAL	\$	<u><u>-59,495.</u></u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ASSETS RELEASED FROM RESTRICTIONS.....	\$	47,439.
TOTAL	\$	<u><u>47,439.</u></u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ASSETS RELEASED FROM RESTRICTIONS.....	\$	106,934.
TOTAL	\$	<u><u>106,934.</u></u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	DENIM AND DIAM (event type)	(event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	90,737.		90,737.	
2	Less: Charitable contributions	76,642.		76,642.	
3	Gross income (line 1 minus line 2)	14,095.		14,095.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,560.		10,560.
	7	Food and beverages			
	8	Entertainment	3,535.		3,535.
	9	Other direct expenses			
10	Direct expense summary. Add lines 4- through 9 in column (d)			14,095.	
11	Net income summary. Combine lines 3, column (d) and line 10				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.	13a	%
b An outside facility.	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SUMMIT HEALTHCARE ASSOCIATION

Employer identification number

86-0320447

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			1,435,504.	923,305.	512,199.	0.51
b Unreimbursed Medicaid (from Worksheet 3, column a) ..			61,876,997.	39,798,821.	22,078,176.	22.04
c Unreimbursed costs — other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	0	0	63,312,501.	40,722,126.	22,590,375.	22.55
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			53,045.		53,045.	0.05
f Health professions education (from Worksheet 5)			28,782.		28,782.	0.03
g Subsidized health services (from Worksheet 6)			29,570,812.	11,837,876.	17,732,936.	17.70
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits	0	0	29,652,639.	11,837,876.	17,814,763.	17.78
k Total (line 7d and 7j)	0	0	92,965,140.	52,560,002.	40,405,138.	40.33

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	0	0	0.	0.	0.	0.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2	23,755,790.	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	5,122,530.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. SEE PART VI			

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	33,396,461.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	39,017,040.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-5,620,579.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> SEE PART VI Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 7, COLUMN F - EXPLANATION OF BAD DEBT EXPENSE

PLEASE REFER TO THE EXPLANATION OF BAD DEBT EXPENSE PROVIDED FOR PART III, LINE 4.

PART III, LINE 4 - BAD DEBT EXPENSE

THE HOSPITAL DOES NOT HAVE A FOOTNOTE SPECIFIC TO BAD DEBT EXPENSE, BUT DOES INCLUDE TWO FINANCIAL FOOTNOTES RELATED TO CHARITY CARE:

CHARITY CARE: THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUES. SERVICES PROVIDED ARE RECORDED AS GROSS PATIENT SERVICE REVENUES AND THEN WRITTEN OFF ENTIRELY AS AN ADJUSTMENT TO NET PATIENT SERVICE REVENUES.

PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

THE ENTIRE SHORTFALL WAS CONSIDERED A COMMUNITY BENEFIT.

PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS

PROCEDURE: CHARITY CARE IS DEFINED AS AN INABILITY TO PAY.

THE PATIENT'S INDIGENCE MUST BE DETERMINED BY THE FACILITY, NOT BY THE PATIENT. THIS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS (C

DETERMINATION MAY OCCUR AT ANY TIME PRIOR TO THE PATIENT'S ACCOUNT ACHIEVING ZERO BALANCE; PRIOR TO ADMISSION, AT ADMISSION, AFTER DISCHARGE OR DURING THE BILLING AND COLLECTION PROCESS.

THE CHARITY DETERMINATION IS TO BE MADE BASED ON THE PATIENT/RESPONSIBLE PARTY'S NET WORTH, NET INCOME AND THE NUMBER OF MEMBERS IN THE HOUSEHOLD. SUMMIT HEALTHCARE ASSOCIATION BASES THEIR CHARITY CARE ON THE FEDERAL POVERTY INCOME GUIDELINES.

THE FACILITY MUST DETERMINE THAT NO SOURCE OTHER THAN THE PATIENT/RESPONSIBLE PARTY WOULD BE LEGALLY RESPONSIBLE FOR THE PATIENT'S MEDICAL BILL. THIS INCLUDES FEDERAL, STATE OR LOCAL FINANCIAL PROGRAMS AND/OR LEGAL GUARDIANS.

THE PATIENT'S BUSINESS OFFICE FILE WILL CONTAIN DOCUMENTATION OF THE METHOD BY WHICH INDIGENCE WAS DETERMINED ALONG WITH ALL SUPPORTING DOCUMENTATION TO SUBSTANTIATE THE DECISION. THE FINAL DETERMINATION WILL BE MADE BY THE CFO, WITH THE RECOMMENDATION OF THE PATIENT ACCOUNT SUPERVISOR.

PART VI - NEEDS ASSESSMENT

SUMMIT HEALTHCARE ASSOCIATION DELIVERS COMMUNITY BENEFITS BASED ON THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE SERVICE AREAS, REGARDLESS OF SOURCE OR AVAILABILITY OF

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI - NEEDS ASSESSMENT (CONTINUED)

PAYMENT. THESE PROGRAMS AND SERVICES ARE INTENDED TO IMPROVE ACCESS TO HEALTHCARE, HEALTH STATUS AND THE USE OF HEALTHCARE RESOURCES. SUMMIT HEALTHCARE PROVIDED CHARITY CARE AND COMMUNITY BENEFITS TO MEMBERS OF OUR COMMUNITY AS PART OF ITS VISION; "...TO BE A MODEL OF SUCCESS AS A RURAL HEALTHCARE PROVIDER BY DELIVERING EXCEPTIONAL HEALTH CARE AND PROMOTING WELLNESS FOR THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY"...

PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

HOSPITAL ADMITTING STAFF MEMBERS ADVISE AND ASSIST ALL SELF-PAY PATIENTS OF THE OPTIONS FOR AVAILABLE ASSISTANCE.

PART VI - COMMUNITY INFORMATION

SUMMIT HEALTHCARE ASSOCIATION (THE HOSPITAL) OPERATES SUMMIT HEALTHCARE, A 81-BED ACUTE CARE HOSPITAL FACILITY, FORMERLY KNOWN AS NAVAPACHE HEALTH CARE ASSOCIATION. THE HOSPITAL PROVIDES INPATIENT AND OUTPATIENT, HOME HEALTH, IMAGING AND OTHER HEALTH CARE RELATED SERVICES TO THE RESIDENTS OF SHOW LOW, ARIZONA AND THE SURROUNDING WHITE MOUNTAIN COMMUNITIES.

PART VI - COMMUNITY BUILDING ACTIVITIES

N/A

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE

TO BENEFIT THE WHITE MOUNTAIN COMMUNITIES, SUMMIT HEALTHCARE PROVIDES SERVICES AND

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE (CONT

ACTIVITIES THAT ADDRESS HEALTH CARE NEEDS PRIMARILY THROUGH DISEASE PREVENTION AND HEALTH PROMOTION AND EDUCATION. THESE SERVICES INCLUDE A CARDIAC/PULMONARY REHABILITATION PROGRAM, A SUPERVISED HEALTH AND FITNESS PROGRAM, CHRONIC CARDIAC AND PULMONARY DISEASE SUPPORT GROUPS, DIABETIC EDUCATION AND SUPPORT GROUPS, PRENATAL CLASSES, BREASTFEEDING EDUCATION, MEDICAL NUTRITION THERAPY, PROSTATE CLINICS, BLOOD PRESSURE CLINICS, FOOD DRIVES, BLOOD DRIVES, AND TRANSPORTATION ASSISTANCE, KEEP (KIDNEY SCREENING CLINIC), AND FREE PSA CLINICS. THE ANNUAL COMMUNITY HEALTH. THE ANNUAL COMMUNITY HEALTH FAIR INCLUDED A BLOOD DRIVE WITH UNITED BLOOD SERVICES, A FREE PSA CLINIC WITH EMPLOYEE HEALTH AND DR. NIEMCZYK, BLOOD PRESSURE CHECKS, BODY FAT ANALYSIS, AND WAIST MEASUREMENT WITH CARDIAC REHAB, DIABETES AND NUTRITION EDUCATION, THE LAB PROVIDED FREE BLOOD SUGAR TESTING, DR. HALL PROVIDED DIABETIC FOOT EXAMS, THERE WAS A TABLE ON INFECTION CONTROL, HOME HEALTH, MAMMOGRAPHY WITH BREAST HEALTH EDUCATION, OB WITH CHILDHOOD IMMUNIZATIONS AND THE BREASTFEEDING SUPPORT GROUP, PERFORMANCE IMPROVEMENT PRESENTED ON PATIENT SAFETY, ASTHMA, AND SEPSIS, THE SLEEP LAB PROVIDED EDUCATION ON SLEEP APNEA, PHYSICAL THERAPY ON BACK HEALTH, THE DONOR NETWORK WAS PRESENT, ONE OF OUR PET THERAPY DOGS (KEMO) WAS ON HAND, BEAUTIFUL BEGINNINGS WAS PRESENT TO TALK ABOUT THEIR PROGRAM, NORTH COUNTRY HEALTH, ARIZONA DERMATOLOGY, NAVAJO COUNTY PUBLIC HEALTH ON TOBACCO CESSATION, AND INTERNAL MEDICINE ASSOCIATES WERE ALL AVAILABLE. THERE WAS A PHARMACY BROWN BAG

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE (CONT

REVIEW WITH PHARMACISTS FROM WALGREEN'S AND WHITERIVER DR. MAJOR OF SUMMIT PAIN CARE ASSOCIATES WAS PRESENT WITH A MODEL OF THE SPINE, DR. FINDLAY EXPLAINED ANESTHESIA, DR. HASTINGS WITH DOCTORS HEALTH SOLUTIONS WAS ONSITE AS WELL AS THE WHITERIVERFIRE AND RESCUE SAFETY TRAILER TO TRAIN CHILDREN HOW TO REACT IN AN EMERGENCY SITUATION. OUR NUTRITIONAL SERVICES DEPARTMENT PROVIDED OVER 1870 FREE MEALS IN 2009. THE MEALS WERE SERVED TO PATIENT FAMILY MEMBERS, TO ALL VETERANS ON VETERANS DAY, AND PROVIDED FOR SEVERAL CHAMBER COMMUNITY EVENTS. NUTRITIONAL SERVICES ALSO DONATED FOOD AND WATER BOTTLES TO SEVERAL COMMUNITY FUNDRAISING EVENTS. SUMMIT HEALTHCARE ALSO PARTICIPATES IN EDUCATING OUR COMMUNITIES ON SUBSTANCE ABUSE THROUGH THE WEEKLY RADIO TALK SHOW "DRUG NET", HOSTED BY BARBARA BRUCE ON WHITE MOUNTAIN RADIO.

SUMMIT HEALTHCARE OFFERS MANY EDUCATIONAL OPPORTUNITIES:

. HIGH SCHOOL STUDENTS ROUTINELY JOB SHADOW MANY DIFFERENT AREAS IN THE HOSPITAL.

. THE NURSE EXTERN PROGRAM IS DESIGNED TO EXPAND THE CLINICAL EXPERIENCE OF THE STUDENT NURSE BY PARTNERING THE NURSE EXTERN WITH AN EXPERIENCED NURSE. THE NURSE EXTERN WILL BE PROVIDING CARE BASED ON THE COMPETENCIES COMPLETED FROM THEIR ACCREDITED NURSING PROGRAM. THE NURSE EXTERN PROGRAM OCCURS FROM SEPTEMBER THROUGH MAY EACH YEAR.

. SUMMIT ROTATES NURSING STUDENTS FROM NPC AND NAU.

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE (CONT

SUMMIT ROTATES MEDICAL STUDENTS FROM THE UNIVERSITY OF ARIZONA, MIDWESTERN AND AT STILL, AND PHARMACY, PODIATRY, CRNA AND PA STUDENTS.

SUMMIT ROTATES RADIOLOGY STUDENTS FROM PIMA COMMUNITY COLLEGE AND GATEWAY COLLEGE.

SUMMIT HEALTHCARE IS THE LEADER IN NATIVE AMERICAN CULTURAL AWARENESS IN NON-INDIAN HEALTH SERVICE HOSPITALS IN ARIZONA WITH TRAINING PROVIDED FOR EVERY PHYSICIAN AND NEW HIRE.

PART VI - AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION

N/A

PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED

AZ

PART V - EXPLANATION OF NUMBER OF FACILITY TYPE

BESIDES THE MAIN HOSPITAL, THERE IS AN IMAGING CENTER, RADIATION AND MEDICAL ONCOLOGY CENTERS, A COMMUNITY CLINIC, AND A PAIN CLINIC.

ADDITIONAL INFORMATION

THE HOSPITAL DOES NOT HAVE A FINANCIAL STATEMENT FOOTNOTE SPECIFIC TO BAD DEBT EXPENSE, BUT DOES INCLUDE TWO FINANCIAL FOOTNOTES RELATED TO CHARITY CARE:

CHARITY CARE: THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED

Part VI Supplemental Information

Complete this part to provide the following information.

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

ADDITIONAL INFORMATION (CONTINUED)

POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUES. SERVICES PROVIDED ARE RECORDED AS GROSS PATIENT SERVICE REVENUES AND THEN WRITTEN OFF ENTIRELY AS AN ADJUSTMENT TO NET PATIENT SERVICE REVENUES.

NOTE L - CHARITY CARE AND COMMUNITY BENEFIT

THE HOSPITAL MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE AND COMMUNITY SERVICE IT PROVIDES. THESE RECORDS INCLUDE: THE AMOUNT OF CHARGES FOREGONE, (BASED ON ESTABLISHED RATES), FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE AND COMMUNITY SERVICE POLICIES; THE ESTIMATED COST OF THOSE SERVICES AND SUPPLIES; AND STATISTICS QUANTIFYING THE LEVEL OF CHARITY CARE AS A PERCENTAGE OF EXPENSES OF THE HOSPITAL AS A WHOLE. THE FOLLOWING IS A SUMMARY OF THE HOSPITAL'S CHARITY CARE AND COMMUNITY BENEFIT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, IN TERMS OF SERVICES TO THE POOR AND BENEFITS TO THE BROADER COMMUNITY:

Part VI Supplemental Information

Complete this part to provide the following information.

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

ADDITIONAL INFORMATION (CONTINUED)

BENEFITS FOR THE POOR: TRADITIONAL CHARITY CARE - \$1,338,024 (2009), AND \$790,680 (2008); UNPAID MEDICAID PROGRAM CHARGES - \$45,159,609 (2009), AND \$33,284,307 (2008); TOTAL BENEFITS FOR THE POOR - \$46,497,633 (2009), AND \$34,074,987 (2008).

BENEFITS FOR THE BROADER COMMUNITY: UNPAID MEDICARE PROGRAM CHARGES - \$75,967,896 (2009), AND \$59,076,389 (2008).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SUMMIT HEALTHCARE ASSOCIATION

Employer identification number

86-0320447

Part I Questions Regarding Compensation

	Yes	No
1 a 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 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.	1 b	
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	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> 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?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	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?	5 a	X
b Any related organization?	5 b	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?	6 a	X
b Any related organization?	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person 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 Regs. 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	X

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
STEPHEN HUEY	(i) 170,003.	0.	0.	3,730.	18,651.	192,384.	133,295.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBIN CONKLIN	(i) 167,427.	0.	0.	6,885.	18,716.	193,028.	186,797.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SNEHAL G THAKKAR MD	(i) 431,148.	74,500.	0.	2,694.	9,335.	517,677.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
VICTOR R HENDERSON MD	(i) 344,535.	31,625.	6,535.	15,472.	20,162.	418,329.	406,547.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MITCHELL A MAJOR MD	(i) 291,818.	0.	0.	5,157.	10,464.	307,439.	148,148.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DAVID J FINDLAY MD	(i) 142,634.	25,000.	0.	0.	10,671.	178,305.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ELLEN SKELTON	(i) 155,284.	0.	0.	4,495.	16,649.	176,428.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
GREG BUTLER	(i) 0.	0.	0.	0.	10,813.	10,813.	12,398.
	(ii) 0.	0.	0.	0.	0.	0.	0.
NORRIS BALDWIN	(i) 0.	0.	0.	0.	13,969.	13,969.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART III - ADDITIONAL INFORMATION

GREG BUTLER AND NORRIS BALDWIN SERVED ON THE BOARD FOR SEVERAL YEARS, AND AS A GESTURE OF APPRECIATION, THEY BOTH RECEIVE HEALTH BENEFITS FROM SUMMIT HEALTHCARE ASSOCIATION. NEITHER ONE ARE CURRENTLY PROVIDING BOARD OR OTHER SERVICES AT THIS TIME.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SUMMIT HEALTHCARE ASSOCIATION

Employer identification number

86-0320447

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A INDUSTRIAL DEVELOPMENT A NOT APPLIC		825375AH1	12/01/2005	25,000,000.	FACILITY EXPANSION: 5-STORY		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue.....										
2 Gross proceeds in reserve funds.....		25,682,071								
3 Proceeds in refunding or defeasance escrows.....		2,138,000								
4 Other unspent proceeds.....										
5 Issuance costs from proceeds.....		1,221,159								
6 Working capital expenditures from proceeds.....										
7 Capital expenditures from proceeds.....		22,322,912								
8 Year of substantial completion.....		2008								
9 Were the bonds issued as part of a current refunding issue?.....		X								
10 Were the bonds issued as part of an advance refunding issue?.....		X								
11 Has the final allocation of proceeds been made?.....		X								
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?.....		X								

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	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 with respect to the financed property which may result in private business use?.....		X								

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
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 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider.										
c Term of hedge.										
4a Were gross proceeds invested in a GIC?		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?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

BAA

Schedule K (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **SUMMIT HEALTHCARE ASSOCIATION**
(FKA NAVAPACHE HEALTH CARE ASSOC., INC.) Employer identification number **86-0320447**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TERRENCE JONES CAVANAUGH, MD	BOARD MEMBER/MD	10,245.	CONTRACTED SVCS PROVIDED		X
JOHN CORDER	BOARD MBR/SECURITY	6,680.	SECURITY SERVICES PROVIDED		X

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

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) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
WHITE MOUNTAIN IMAGING, LLC 5448 S HIGHWAY 260 #110 LAKESIDE, AZ 85929 76-0767410	OPEN MRI	AZ	N/A	RELATED	276,710.	519,207.		X	N/A		X

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	WHITE MOUNTAIN IMAGING, LLC	A	3,108.
(2)			
(3)			
(4)			
(5)			
(6)			

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **SUMMIT HEALTHCARE ASSOCIATION
(FKA NAVAPACHE HEALTH CARE ASSOC., INC.)**

Employer identification number
86-0320447

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SUMMIT HEALTHCARE IS AN 81-BED ACUTE CARE HOSPITAL FACILITY, FORMERLY KNOWN AS NAVAPACHE HEALTH CARE ASSOCIATION. THE HOSPITAL PROVIDES INPATIENT AND OUTPATIENT, HOME HEALTH, IMAGING, AND OTHER HEALTH CARE RELATED SERVICES TO THE RESIDENTS OF SHOW LOW, ARIZONA AND THE SURROUNDING WHITE MOUNTAIN COMMUNITIES. ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA.

TOTAL ADULT PATIENT DAYS WERE 11,955. NEWBORN PATIENT DAYS WERE 1,774. ER VISITS WERE 24,513, AND OUTPATIENT VISITS WERE 52,578.

-24 HOUR EMERGENCY SERVICES AND IN-HOUSE PHYSICIAN COVERAGE

-RADIOLOGY DEPARTMENT WITH DIAGNOSTIC IMAGING SERVICES WHICH INCLUDE MAMMOGRAPHY, CT SCAN, MRI, NUCLEAR MEDICINE, X-RAY, CARDIAC ULTRASOUND, AND ULTRASOUND. THE DIAGNOSTIC IMAGING DEPARTMENTS UTILIZES THE MOST UP-TO-DATE TECHNOLOGY.

-A LEVEL IV EMERGENCY DEPARTMENT; THE DEPARTMENT IS STAFFED AROUND THE CLOCK BY BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIANS AND FEATURES FULLY EQUIPPED MAJOR TRUAMA/CARDIAC SUITES.

-AN OBSTETRICAL DEPARTMENT WITH: BOTH LDR AND OB/GYN BEDS AND A LEVEL I NEWBORN INTENSIVE CARE UNIT. IN ADDITION, SUMMIT HEALTHCARE PROVIDES PERI-NATAL CLASSES.

-A FULLY MONITORED INTENSIVE CARE UNIT, PROVIDING MEDICAL/SURGICAL/CARDIAC INTERMEDIATE AND INTENSIVE CARE.

-A SURGICAL SERVICE DEPARTMENT: CAPABILITIES INCLUDE GENERAL, ORTHOPEDIC, OPHTHAMOLOGY, ENT, GYN, UROLOGY, AND MORE. IN ADDITION, SUMMIT HEALTHCARE OFFERS SERVICE FOR PAIN MANAGEMENT.

-SUMMIT HEALTHCARE OFFERS RADIATION AND MEDICAL ONCOLOGY SERVICES.

Name of the organization SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)	Employer identification number 86-0320447
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FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT

DR. THOMAS PAXMAN IS A GOVERNING BOARD MEMBER AS WELL AS A PHYSICIAN INVESTOR IN WHITE MOUNTAIN IMAGING, THE SAME COMPANY THAT SUMMIT HEALTHCARE HOLDS 51% INTEREST IN.

DR. TERRENCE JONES CAVANAUGH IS A GOVERNING BOARD MEMBER AS WELL AS A 2.5% PHYSICIAN INVESTOR IN WHITE MOUNTAIN IMAGING, THE SAME COMPANY THAT SUMMIT HEALTHCARE HOLDS 51% INTEREST IN. HE ALSO PROVIDES CONTRACTED SERVICES TO SUMMIT HEALTHCARE. (SEE SCHEDULE L)

JOHN CORDER IS A GOVERNING BOARD MEMBER WHO OWNS AN OUTSIDE COMPANY THAT PROVIDES LIMITED SECURITY SERVICES TO SUMMIT HEALTHCARE. (SEE SCHEDULE L)

TRAVIS MERRIL IS A GOVERNING BOARD MEMBER AND AN OFFICER AT NATIONAL BANK WHERE SUMMIT HEALTHCARE HOLDS CHECKING ACCOUNTS AND CD'S. MR. MERRIL HAS LOAN SIGNING AUTHORITY, HOWEVER, DOES NOT DO SO ON SUMMIT HEALTHCARE RELATED LOANS.

ROMA LEE HIATT IS A GOVERNING BOARD MEMBER, AND HER SON IS AN EMPLOYEE OF CLIN-PATH ASSOCIATES. CLIN-PATH HAS A CONTRACT WITH SUMMIT HEALTHCARE TO PROVIDE PATHOLOGY SERVICES AND IS LISTED AS ONE THE HOSPITAL'S HIGHEST PAID INDEPENDENT CONTRACTORS.

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

THE DUTIES OF THE CEO ARE CARRIED OUT BY AN EMPLOYEE OF BRIM HEALTHCARE MANAGEMENT COMPANY.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE 990 WILL BE REVIEWED IN THE SCHEDULED GOVERNING BOARD MEETING FOLLOWING ITS COMPLETION.

Name of the organization SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)	Employer identification number 86-0320447
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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE COMPLETED ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

INDEPENDENT CONSULTING FIRMS ARE HIRED TO REVIEW THE COMPENSATION OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII - COMPENSATION EXPLANATION

GREG BUTLER

THIS INDIVIDUAL SERVED ON THE BOARD FOR SEVERAL YEARS, AND AS A GESTURE OF APPRECIATION, RECEIVES HEALTH BENEFITS FROM SUMMIT HEALTHCARE ASSOCIATION.

NORRIS BALDWIN

THIS INDIVIDUAL SERVED ON THE BOARD FOR SEVERAL YEARS, AND AS A GESTURE OF APPRECIATION, RECEIVES HEALTH BENEFITS FROM SUMMIT HEALTHCARE ASSOCIATION.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)	Employer identification number 86-0320447
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 2200 E SHOW LOW LAKE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHOW LOW, AZ 85901	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ CARIE L. POGUE, CONTROLLER

Telephone No. ▶ 928-537-6306 FAX No. ▶ 928-532-0602

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 09 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SUMMIT HEALTHCARE ASSOCIATION (FKA NAVAPACHE HEALTH CARE ASSOC., INC.)	Employer identification number 86-0320447 For IRS use only
	Number, street, and room or suite number. If a P.O. box, see instructions. TCA PARTNERS, LLP 1111 EAST HERNDON AVENUE, SUITE 211	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRESNO, CA 93720	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **CARIE L. POGUE, CONTROLLER**
 Telephone No. **928-537-6306** FAX No. **928-532-0602**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2010.

5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension . . . ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO** Date