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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CATHOLIC HEALTH INITIATIVES - COLORADO		D Employer identification number 84-0405257
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		188 INVERNESS DRIVE WEST SUITE 500		(303) 804-8189
		City or town, state or country, and ZIP + 4		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		City or town, state or country, and ZIP + 4 ENGLEWOOD, CO 80112		

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number 0928

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

G Website: WWW.CENTURA.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no) _____ 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 1,218,425,022.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	60,097.	
	c	Indirect public support (not included on line 1a)	1c	6,085,822.	
	d	Government contributions (grants) (not included on line 1a)	1d	459,474.	
	e	Total (add lines 1a through 1d) (cash \$ 2,564,050. noncash \$ 4,041,343.)	1e	6,605,393.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,160,872,949.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,646,487.	
	5	Dividends and interest from securities	5	23,633.	
Expenses	6a	Gross rents	6a	19,113.	
	b	Less rental expenses	6b	8,292.	
	c	Net rental income or (loss). Subtract line 6b from line 6a.	6c	10,821.	
	7	Other investment income (describe _____)	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	3,208,452.
	b	Less cost or other basis and sales expenses	8b	2,692,633.	
	c	Gain or (loss) (attach schedule)	8c	515,819.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	34,091,369.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
Net Assets	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11	8,473,445.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,215,724,097.	
	13	Program services (from line 44, column (B))	13	917,672,142.	
	14	Management and general (from line 44, column (C))	14	260,147,915.	
	15	Fundraising (from line 44, column (D))	15		
Net Assets	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	1,177,820,057.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	37,904,040.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,015,265,199.	
	20	Other changes in net assets or fund balances (attach explanation) STMT 19. STMT 20	20	-46,053,216.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,007,116,023.	

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

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 5,062,949. noncash \$ 383,605.) If this amount includes foreign grants, check here <input type="checkbox"/>	5,446,554.	5,446,554.	STMT 21	
23 Specific assistance to individuals (attach schedule)	5,814.	5,814.	STMT 31	
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	NONE			
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	NONE			
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	336,624,320.	269,299,457.	67,324,863.	
27 Pension plan contributions not included on lines 25a, b, and c	18,195,587.	14,556,470.	3,639,117.	
28 Employee benefits not included on lines 25a - 27	41,344,076.	33,075,261.	8,268,815.	
29 Payroll taxes	24,247,298.	19,397,838.	4,849,460.	
30 Professional fundraising fees				
31 Accounting fees	471,500.		471,500.	
32 Legal fees	299,430.		299,430.	
33 Supplies	159,514,672.	157,244,125.	2,270,547.	
34 Telephone	1,865,663.	1,492,530.	373,133.	
35 Postage and shipping	306,405.	245,124.	61,281.	
36 Occupancy	16,667,089.	13,340,305.	3,326,784.	
37 Equipment rental and maintenance	12,966,729.	10,373,383.	2,593,346.	
38 Printing and publications	984,249.	787,399.	196,850.	
39 Travel	2,139,405.	1,711,524.	427,881.	
40 Conferences, conventions, and meetings	906,498.	725,198.	181,300.	
41 Interest	4,108,684.	4,108,684.		
42 Depreciation, depletion, etc. (attach schedule)	51,903,409.	41,522,727.	10,380,682.	
43 Other expenses not covered above (itemize)				
a STMT 32	499,822,675.	344,339,749.	155,482,926.	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	1,177,820,057.	917,672,142.	260,147,915.	

Joint Costs. Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 33**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE STATEMENTS 6-18**

(Grants and allocations \$ **5,446,554.**) If this amount includes foreign grants, check here ☐

917,672,142.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

917,672,142.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	31,994,867.	45 40,594,180.
	46 Savings and temporary cash investments	5,525,513.	46 5,606,385.
	47a Accounts receivable	47a 651,920,877.	
	b Less allowance for doubtful accounts	47b 460,134,606.	47c 191,786,271.
	48a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule) STMT. 34	51a 2,946,943.	
	b Less allowance for doubtful accounts	51b 156,540.	51c 2,790,403.
	52 Inventories for sale or use	23,336,095.	52 25,481,737.
	53 Prepaid expenses and deferred charges	4,240,691.	53 3,578,249.
	54a Investments - publicly-traded securities STMT. 40 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	289,043,338.	54a 102,692,803.
	b Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a Investments - land, buildings, and equipment basis	55a 194,502.		
b Less accumulated depreciation (attach schedule)	55b 176,310.	55c 18,192.	
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment basis	57a 1,214,936,141.		
b Less accumulated depreciation (attach schedule)	57b 494,480,899.	57c 720,455,242.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 41)	423,715,469.	58 430,302,231.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,567,391,828.	59 1,523,305,693.	
Liabilities	60 Accounts payable and accrued expenses	117,475,762.	60 116,925,023.
	61 Grants payable		61
	62 Deferred revenue	3,019,570.	62 2,255,623.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule) STMT. 42	95,648,347.	64b 80,245,050.
	65 Other liabilities (describe <input type="checkbox"/> STMT. 43)	335,982,950.	65 316,763,974.
66 Total liabilities. Add lines 60 through 65	552,126,629.	66 516,189,670.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,015,268,123.	67 1,007,118,947.
	68 Temporarily restricted	-2,924.	68 -2,924.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,015,265,199.	73 1,007,116,023.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,567,391,828.	74 1,523,305,693.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements.	NOT APPLICABLE	a	
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	NOT APPLICABLE	a	
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b ☐ Yes ☒ No

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **SEE STATEMENT 47**

75c ☒ Yes ☐ No

If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

75d ☒ Yes ☐ No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 49	-0-	NONE	NONE	NONE

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 ☐ Yes ☒ No

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

77 ☐ Yes ☒ No

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a ☒ Yes ☐ No

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b ☒ Yes ☐ No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 ☐ Yes ☒ No

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a ☒ Yes ☐ No

b If "Yes," enter the name of the organization SEE STATEMENTS 1-5

and check whether it is ☒ exempt or ☒ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** NONE

b Did the organization file Form 1120-POL for this year?

81b ☐ Yes ☒ No

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	NONE		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
85c			
d	Section 162(e) lobbying and political expenditures	N/A	
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs. Enter a. Initiation fees and capital contributions included on line 12	N/A	
86a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86b			
87	501(c)(12) orgs. Enter a. Gross income from members or shareholders	N/A	
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	X	
88b			
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911. NONE, section 4912. NONE, section 4955. NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	NONE	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization.	NONE	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed. NONE		
b	Number of employees employed in the pay period that includes March 12, 2007. (See instructions.)	7634	
90b			
91a	The books are in care of. RAMY HANNA Telephone no. 303-383-8189		
	Located at 188 INVERNESS DRIVE WEST, SUITE 500 ENGLEWOOD, CO ZIP + 4 80112		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91b			
	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.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NONE**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 50		7,784,661.		2,886,158.	792,100,879.
b					
c					
d					
e					
f Medicare/Medicaid payments					358,101,251.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,646,487.	
96 Dividends and interest from securities	900000	5,958.	14	17,675.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	10,821.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	34,091,369.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b CAPITALIZED INTEREST					8,473,445.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		7,790,619.		42,652,510.	1,158,675,575.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,209,118,704.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	REVENUE FROM PROVIDING MEDICAL SERVICES AT HOSPITALS,
	CLINICS, NURSING HOMES, HOSPICE AND OTHER MEDICAL FACILITIES
	REGARDLESS OF ABILITY TO PAY.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 51	%		14,124,444.	55,691,049.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 52			
b				
c				
Totals				33,899,669.

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

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 53			
b				
c				
Totals				6,924,043.

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

Yes	No
	X

**Please
Sign
Here**

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

Signature of officer: Randy Safady Date: 6/25/2010

Type or print name and title: EVP-CFO

**Paid
Preparer's
Use Only**

Preparer's signature: [Signature] Date: Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: CATHOLIC HEALTH INITIATIVES EIN: 47-0617373

9780 MT. PYRAMID COURT Phone no: 720-874-1500

ENGLEWOOD, CO 80112

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization

CATHOLIC HEALTH INITIATIVES - COLORADO

Employer identification number

84-0405257

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 54				
Total number of other employees paid over \$50,000 . . . ►		2465		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 55		
Total number of others receiving over \$50,000 for professional services ►		123

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 56		
Total number of other contractors receiving over \$50,000 for other services ►		424

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

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>46,274.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 57	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year ►			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►			NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. **NOT APPLICABLE** . . . ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

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

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total, _____ and line 27b total, _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

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

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		46,274.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h).			46,274.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 58

FORM 990 - GENERAL EXPLANATION ATTACHMENT

LIST OF RELATED ORGANIZATIONS
FORM 990, PART VI, LINE 80B

ST. JOSEPH COMMUNITY HEALTH SERVICES, ALBUQUERQUE, NM, EXEMPT
ST. JOSEPH COMMUNITY HEALTH FOUNDATION, ALBUQUERQUE, NM, EXEMPT
ST. JOSEPH HEALTHCARE SYSTEM, ALBUQUERQUE, NM, EXEMPT
ST. ELIZABETH HEALTH CARE FOUNDATION, BAKER CITY, OR, EXEMPT
ST. ELIZABETH HEALTH SERVICES, INC., BAKER CITY, OR, EXEMPT
FLAGET HEALTHCARE INC., BARDSTOWN, KY, EXEMPT
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC., BARDSTOWN, KY, EXEMPT
FLAGET RADIATION ONCOLOGY LLC, BARDSTOWN, KY, NONEXEMPT
LAKEWOOD HEALTH CENTER, BAUDETTE, MN, EXEMPT
APPLETREE COURT, BRECKENRIDGE, MN, EXEMPT
ST. FRANCIS HOME, BRECKENRIDGE, MN, EXEMPT
ST. FRANCIS MEDICAL CENTER, BRECKENRIDGE, MN, EXEMPT
HEALTHCARE AND WELLNESS FOUNDATION, BRECKENRIDGE, MN, EXEMPT
NAZARETH ASSURANCE COMPANY, BURLINGTON, VT, NONEXEMPT
CARRINGTON HEALTH CENTER, CARRINGTON, ND, EXEMPT
CADUCEUS MEDICAL ASSOCIATES, INC, CHATTANOOGA, TN, NONEXEMPT
MEMORIAL HEALTH CARE SYSTEM FOUNDATION, CHATTANOOGA, TN, EXEMPT
MEMORIAL HEALTH CARE SYSTEM, INC., CHATTANOOGA, TN, EXEMPT
MHP FOUNDATION, CHATTANOOGA, TN, EXEMPT
MOUNTAIN MANAGEMENT SERVICES INC, CHATTANOOGA, TN, NONEXEMPT
MEMORIAL HEALTH PARTNERS, INC., CHATTANOOGA, TN, EXEMPT
OCCUNET, LLC, CHATTANOOGA, TN, NONEXEMPT
MEMORIAL OFFICE PARTNERS, LP, CHATTANOOGA, TN, NONEXEMPT
MISSION OUTPATIENT SURGERY CENTER, LLC, CHATTANOOGA, TN, NONEXEMPT
COMMUNITY LIMITED CARE DIALYSIS CENTER, CINCINNATI, OH, EXEMPT
GOOD SAMARITAN HOSPITAL, CINCINNATI, OH, EXEMPT
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, CINCINNATI, OH, EXEMPT
UNIVERSAL HEALTH CORP, CINCINNATI, OH, EXEMPT
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE, CINCINNATI, OH,
EXEMPT
DIXMYTH PROPERTIES, LLC, CINCINNATI, OH, NONEXEMPT
AUDUBON LAND COMPANY, LLC, COLORADO SPRINGS, CO, NONEXEMPT
S.E.T. OF COLORADO SPRINGS, COLORADO SPRINGS, CO, EXEMPT
TOTAL HEALTHCARE, COLORADO SPRINGS, CO, EXEMPT
CHI COLORADO FOUNDATION, COLORADO SPRINGS, CO, EXEMPT
PENRAD IMAGING, COLORADO SPRINGS, CO, NONEXEMPT
BRECKENRIDGE MEDICAL CLINIC, LLC, BRECKENRIDGE, CO, NONEXEMPT
SAMARITAN HEALTH FOUNDATION, DAYTON, OH, EXEMPT
SAMARITAN HEALTH PARTNERS, DAYTON, OH, EXEMPT
THE MARIA-JOSEPH LIVING CARE CENTER, DAYTON, OH, EXEMPT
GREATER DAYTON AREA MRI CONSORTIUM, INC., DAYTON, OH, EXEMPT
SAMARITAN NORTH SURGERY CENTER, LTD., DAYTON, OH, NONEXEMPT

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

SAMARITAN BEHAVIORAL HEALTH, INC., DAYTON, OH, EXEMPT
SAMARITAN FAMILY CARE, INC., DAYTON, OH, EXEMPT
ALTERNATIVE INSURANCE MANAGEMENT SERVICES, DENVER, CO, NONEXEMPT
CATHOLIC HEALTH INITIATIVES, DENVER, CO, EXEMPT
CHI OPERATING INVESTMENT PROGRAM LP, DENVER, CO, NONEXEMPT
CHI WELFARE BENEFIT ADMIN. AND DEVELOPMENT TRUST, DENVER, CO, NONEXEMPT
COMCARE SERVICES, INC., DENVER, CO, NONEXEMPT
FIRST INITIATIVES INSURANCE COMPANY LTD, DENVER, CO, NONEXEMPT
FRANCISCAN SERVICES, INC. AND SUBSIDIARIES, DENVER, CO, NONEXEMPT
HEALTH S.E.T., DENVER, CO, EXEMPT
GLOBAL HEALTH INITIATIVES, DENVER, CO, EXEMPT
CATHOLIC HEALTH CARE FOUNDATION, DENVER, CO, EXEMPT
ST. CLARE'S PRIMARY CARE, INC. DENVILLE, NJ, NONEXEMPT
ST. CLARE'S HEALTH CARE SOLUTIONS, INC., DENVILLE, NJ, NONEXEMPT
SAINT CLARE'S HOSPITAL, DENVILLE, NJ, EXEMPT
SAINT CLARE'S FOUNDATION, INC., DENVILLE, NJ, EXEMPT
SAINT CLARE'S COMMUNITY CARE, DENVILLE, NJ, EXEMPT
VISITING NURSE ASSOCIATION OF SAINT CLARE'S, INC., DENVILLE, NJ, EXEMPT
ST. FRANCIS LIFE CARE CORP., DENVILLE, NJ, EXEMPT
ST. CLARE'S HEALTH SERVICES, INC., DENVILLE, NJ, EXEMPT
DES MOINES MEDICAL CENTER, INC., DES MOINES, IA, NONEXEMPT
BISHOP DRUMM RETIREMENT CENTER, DES MOINES, IA, EXEMPT
CHI - IOWA, CORP., DES MOINES, IA, EXEMPT
HOUSE OF MERCY, DES MOINES, IA, EXEMPT
MERCY CLINICS, INC., DES MOINES, IA, EXEMPT
MERCY COLLEGE OF HEALTH SCIENCES, DES MOINES, IA, EXEMPT
MERCY FOUNDATION OF DES MOINES, IA, DES MOINES, IA, EXEMPT
ST. JOSEPH MERCY HOSPITAL, CENTERVILLE, IOWA, DES MOINES, IA, EXEMPT
MERCY PARK APARTMENTS, DES MOINES, IA, NONEXEMPT
MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC., DES MOINES, IA, EXEMPT
MERCY AUXILIARY OF CENTRAL IOWA, DES MOINES, IA, EXEMPT
MERCY WEST ENDOSCOPY, DES MOINES, IA, NONEXEMPT
MERCY HOSPITAL OF DEVILS LAKE, DEVILS LAKE, ND, EXEMPT
ST. JOSEPH LIFECARE FOUNDATION, DICKINSON, ND, EXEMPT
ST. JOSEPH'S HOSPITAL & HEALTH CENTER, DICKINSON, ND, EXEMPT
MERCY MEDICAL CENTER, DURANGO, CO, EXEMPT
CATHOLIC HEALTH INITIATIVES - COLORADO, ENGLEWOOD, CO, EXEMPT
CENTURA HEALTH CORPORATION, ENGLEWOOD, CO, EXEMPT
CHI KENTUCKY, LOUISVILLE, KY, EXEMPT
VILLA NAZARETH, INC., FARGO, ND, EXEMPT
ST. CATHERINE HOSPITAL, GARDEN CITY, KS, EXEMPT
ST. CATHERINE HOSPITAL FOUNDATION, GARDEN CITY, KS, EXEMPT
SAINT FRANCIS FOUNDATION, GRAND ISLAND, NE, EXEMPT

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

SAINT FRANCIS MEDICAL CENTER, GRAND ISLAND, NE, EXEMPT
CENTRAL NEBRASKA REHABILITATION SERVICES, GRAND ISLAND, NE, NONEXEMPT
HEALTHCARE SUPPORT SERVICES, LLC, GRAND ISLAND, NE, NONEXEMPT
CENTRAL KANSAS MEDICAL CENTER, GREAT BEND, KS, EXEMPT
ST. JOSEPH MEMORIAL HOSPITAL, LARNED, KS, EXEMPT
CENTRAL KANSAS HEALTH SERVICES ASSOCIATION, GREAT BEND, KS, NONEXEMPT
MAUDE NORTON MEMORIAL HOSPITAL, COLUMBUS, KS, EXEMPT
ST. JOHN'S MEDICAL GROUP, JOPLIN, MO, EXEMPT
MERCY HEALTH SERVICES CORPORATION, JOPLIN, MO, NONEXEMPT
MERCY LIFECARE SYSTEMS, JOPLIN, MO, EXEMPT
ST. JOHN'S MERCY REGIONAL FOUNDATION, JOPLIN, MO, EXEMPT
ST JOHN'S REGIONAL MEDICAL CENTER, JOPLIN, MO, EXEMPT
CENTRAL NEBRASKA HOME CARE SERVICES, KEARNEY, NE, NONEXEMPT
GOOD SAMARITAN HEALTH SYSTEM, INC., KEARNEY, NE, EXEMPT
GOOD SAMARITAN HOSPITAL, KEARNEY, NE, EXEMPT
GOOD SAMARITAN HOSPITAL FOUNDATION, KEARNEY, NE, EXEMPT
GOOD SAMARITAN OUTREACH SERVICES, KEARNEY, NE, NONEXEMPT
HEALTH SYSTEMS ENTERPRISES, INC., KEARNEY, NE, NONEXEMPT
BACHMANN REALTY CORP, LANCASTER, PA, EXEMPT
ST. JOSEPH HEALTH MINISTRIES , LANCASTER, PA, EXEMPT
ST. JOSEPH HEALTH MINISTRIES FOUNDATION, LANCASTER, PA, EXEMPT
ST. JOSEPH HEALTH SERVICES, INC., LANCASTER, PA, EXEMPT
BLUEGRASS REGIONAL IMAGING CENTER, LEXINGTON, KY, NONEXEMPT
CONTINUING CARE HOSPITAL, LEXINGTON, KY, EXEMPT
ST. JOSEPH HEALTHCARE INC., LEXINGTON, KY, EXEMPT
ST. JOSEPH OFFICE PARK ASSOCIATION, LEXINGTON, KY, NONEXEMPT
ST. JOSEPH HOSPITAL FOUNDATION, LEXINGTON, KY, EXEMPT
ST. JOSEPH MEDICAL FOUNDATION, INC., LEXINGTON, KY, EXEMPT
GATEWAY REGIONAL HEALTH NETWORK, MT. STERLING, KY, EXEMPT
HEALTH CARE MANAGEMENT, INC., LINCOLN, NE, NONEXEMPT
SAINT ELIZABETH FOUNDATION, LINCOLN, NE, EXEMPT
SAINT ELIZABETH HEALTH SERVICES, LINCOLN, NE, EXEMPT
SAINT ELIZABETH HEALTH SYSTEM, LINCOLN, NE, EXEMPT
THE PHYSICIAN NETWORK, LINCOLN, NE, EXEMPT
SAINT ELIZABETH REGIONAL MEDICAL CENTER, LINCOLN, NE, EXEMPT
LISBON AREA HEALTH SERVICES, LISBON, ND, EXEMPT
ALVERNA APARTMENTS, LITTLE FALLS, MN, EXEMPT
UNITY FAMILY HEALTHCARE, LITTLE FALLS, MN, EXEMPT
ST. VINCENT COMMUNITY HEALTH SERVICES, INC., LITTLE ROCK, AR, NONEXEMPT
ST. VINCENT INFIRMARY MEDICAL CENTER, LITTLE ROCK, AR, EXEMPT
ST. VINCENT MEDICAL GROUP, LITTLE ROCK, AR, EXEMPT
NORTH RIVER SURGERY CENTER, LLC, LITTLE ROCK, AR, NONEXEMPT
ST. VINCENT FOUNDATION, LITTLE ROCK, AR, EXEMPT

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

MARYMOUNT MEDICAL CENTER, LONDON, KY, EXEMPT
MARYMOUNT MEDICAL CENTER FOUNDATION, LONDON, KY, EXEMPT
OUR LADY OF THE WAY HOSPITAL, INC., MARTIN, KY, EXEMPT
ST. ANTHONY'S HOSPITAL ASSOCIATION, MORRILTON, AR, EXEMPT
MEDNOW, INC., NAMPA, ID, NONEXEMPT
MERCY MEDICAL CENTER, NAMPA, ID, EXEMPT
MERCY O/P SURGERY CENTER, LLC, NAMPA, ID, NONEXEMPT
MERCY MEDICAL CENTER FOUNDATION, NAMPA, ID, EXEMPT
MERCY PHYSICIAN GROUP, NAMPA, ID, NONEXEMPT
ST. MARY'S COMMUNITY HOSPITAL, NEBRASKA CITY, NE, EXEMPT
ST. MARY'S HOSPITAL FOUNDATION, NEBRASKA CITY, NE, EXEMPT
OAKES COMMUNITY HOSPITAL, OAKES, ND, EXEMPT
OAKES COMMUNITY HOSPITAL FOUNDATION, OAKES, ND, EXEMPT
ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM, OMAHA, NE, EXEMPT
BERGAN MERCY FOUNDATION, OMAHA, NE, EXEMPT
MERCY HEALTH CARE FOUNDATION, CORNING, NE, EXEMPT
MERCY HOSPITAL, CORNING, IA, EXEMPT
MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS, NE, EXEMPT
AUXILIARY OF HOLY ROSARY HOSPITAL, ONTARIO, OR, EXEMPT
HOLY ROSARY MEDICAL CENTER, ONTARIO, OR, EXEMPT
HOLY ROSARY MEDICAL CENTER FOUNDATION, ONTARIO, OR, EXEMPT
PATHWAY HOSPICE, LLC, ONTARIO, OR, NONEXEMPT
ST. JOSEPH'S AREA HEALTH SERVICES, PARK RAPIDS, MN, EXEMPT
ST. ANTHONY DEVELOPMENT COMPANY, PENDLETON, OR, NONEXEMPT
ST. ANTHONY HOSPITAL, PENDLETON, OR, EXEMPT
ST. ANTHONY HOSPITAL FOUNDATION, PENDLETON, OR, EXEMPT
GETTYSBURG MEDICAL CENTER, GETTYSBURG, SD, EXEMPT
ST. MARY'S HEALTHCARE CENTER, PIERRE, SD, EXEMPT
MT. ST. JOSEPH, PORTLAND, OR, EXEMPT
PUEBLO STEPUP, PUEBLO, CO, EXEMPT
BORNEMANN HEALTHCARE CORP, READING, PA, EXEMPT
SJH SERVICES CORPORATION, READING, PA, NONEXEMPT
ST. JOSEPH MEDICAL CENTER FOUNDATION, READING, PA, EXEMPT
ST. JOSEPH REGIONAL HEALTH NETWORK, READING, PA, EXEMPT
ST. JOSEPH MEDICAL GROUP, READING, PA, EXEMPT
AMBULATORY SURGERY CENTER OF ROSEBURG, LLC, ROSEBURG, OR, NONEXEMPT
CANYONVILLE HEALTH CLINIC, INC., ROSEBURG, OR, NONEXEMPT
LINUS OAKES, ROSEBURG, OR, EXEMPT
MERCY FOUNDATION, ROSEBURG, OR, EXEMPT
MERCY MEDICAL CENTER, INC., ROSEBURG, OR, EXEMPT
MERCY SERVICES CORPORATION, ROSEBURG, OR, NONEXEMPT
FRANCISCAN VILLA OF SOUTH MILWAUKEE, SOUTH MILWAUKEE, WI, EXEMPT
FRANCISCAN FOUNDATION, TACOMA, WA, EXEMPT

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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FRANCISCAN HEALTH SYSTEM, TACOMA, WA, EXEMPT
FRANCISCAN MEDICAL GROUP, TACOMA, WA, EXEMPT
ENUMCLAW COMMUNITY HOSPITAL ASSOCIATION, ENUMCLAW, WA, EXEMPT
MANAGEMENT SERVICE ORGANIZATION, TACOMA, WA, NONEXEMPT
PHYSICIAN HEALTH SYSTEM NETWORK, TACOMA, WA, NONEXEMPT
ST. JOSEPH DEVELOPMENT CORPORATION, TACOMA, WA, NONEXEMPT
ST. JOSEPH MEDICAL CENTER, TOWSON, MD, EXEMPT
ST. JOSEPH MEDICAL CENTER FOUNDATION, TOWSON, MD, EXEMPT
TOWSON MANAGEMENT, INC., TOWSON, MD, NONEXEMPT
TOWSON PHYSICIAN SERVICES, TOWSON, MD, EXEMPT
RUXTON SURGICENTER, LLC, TOWSON, MD, NONEXEMPT
MERCY HOSPITAL OF VALLEY CITY, VALLEY CITY, ND, EXEMPT
MEDQUEST INC., WILLISTON, ND, NONEXEMPT
MERCY MEDICAL CENTER, WILLISTON, ND, EXEMPT
MERCY MEDICAL FOUNDATION, WILLISTON, ND, EXEMPT

FORM 990 - GENERAL EXPLANATION ATTACHMENT

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
FORM 990, PART III, LINE A

THIS 2008 COMMUNITY BENEFIT REPORT IS A COLLECTIVE LIST OF ACTIVITIES THROUGH WHICH CENTURA HEALTH SUPPORTS ITS NEIGHBORS THROUGHOUT THE STATE. THE CENTURA HEALTH FAMILY, COLORADO'S LARGEST HEALTH CARE SYSTEM, INCLUDES 12 HOSPITALS, SEVEN SENIOR LIVING COMMUNITIES, MEDICAL CLINICS, HOME CARE AND HOSPICE SERVICES. COMMUNITY BENEFITS ARE OFFERED IN THE FORM OF OUTREACH AND EDUCATION, SUPPORT GROUPS, ACTIVITIES AND CLINICS, AS WELL AS CHARITY CARE. AS A NONPROFIT, FAITH-BASED ORGANIZATION, CENTURA HEALTH CONTINUALLY INVESTS IN FULFILLING ITS MISSION. IN THE MOST RECENT FISCAL YEAR CENTURA HEALTH INVESTED THE FOLLOWING IN ITS COMMUNITIES:

QUANTITATIVE DESCRIPTION OF COMMUNITY BENEFIT

	COMMUNITY BENEFIT COST
BENEFIT FOR THE LOW INCOME:	
TRADITIONAL CHARITY CARE (AT COST)	\$56,116,094
UNPAID COSTS OF MEDICAID	\$51,559,403
UNPAID COSTS OF OTHER PUBLIC PROGRAMS	\$3,499,839
COMMUNITY SERVICE - LOW INCOME	\$2,803,494
TOTAL BENEFIT FOR THE LOW INCOME:	\$113,978,830
 BENEFIT FOR THE BROADER COMMUNITY:	
COMMUNITY SERVICE - BROADER COMMUNITY	\$10,897,488
 TOTAL COSTS OF COMMUNITY BENEFIT	\$124,876,318
 UNPAID COSTS OF MEDICARE	\$98,962,589
FAITH BASED CARE*	\$2,529,138
 TOTAL COSTS OF COMMUNITY BENEFIT AND THE UNPAID COSTS OF MEDICARE	\$226,368,045

AED GRANT FUNDING PROGRAM

CENTURA HEALTH IS COMMITTED TO ENSURING THAT MORE AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) ARE PLACED IN OUR COMMUNITIES TO CONTRIBUTE TO SAVING THE LIVES OF THOSE WHO SUFFER SUDDEN CARDIAC ARREST. AN AED GRANT FUNDING PROGRAM ENTITLED JUMPSTART A HEART REIMBURSES LOCAL NONPROFIT ORGANIZATIONS FOR THE PURCHASE OF ONE AED FOR UP TO \$2,500. GRANT FUNDS ALSO APPLY TOWARDS TRAINING, FIRST-YEAR MAINTENANCE AND SERVICE FEES.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

ASK-A-NURSE®

ASK-A-NURSE® IS A FREE HEALTH INFORMATION AND PHYSICIAN REFERRAL SERVICE FOR OUR COMMUNITY. IN ADDITION TO HELPING CONNECT PATIENTS WITH DOCTORS, REGISTERED NURSES ASSESS YOUR HEALTH CONDITION FROM NECK PAIN TO A FEVER, AND GIVE FREE PROFESSIONAL ADVICE ON WHAT ACTION TO TAKE NEXT. ASK-A-NURSE® ALSO PROVIDES INFORMATION AND REGISTRATION FOR HOSPITAL CLASSES AND EVENTS.

FLIGHT FOR LIFE®

FOUNDED BY ST. ANTHONY HOSPITALS IN 1972, FLIGHT FOR LIFE® HAS SERVED AS THE MODEL FOR MORE THAN 300 FLIGHT PROGRAMS WORLDWIDE. FLIGHT FOR LIFE® IS THE NATION'S FIRST, AND STILL ONE OF THE FINEST, AIR MEDICAL TRANSPORT PROGRAMS. FLIGHT FOR LIFE® IS A COMMUNITY SERVICE OPERATING OUT OF DENVER, FRISCO, PUEBLO AND COLORADO SPRINGS, AND PROVIDES CRITICAL CARE TRANSPORT FOR A NINE-STATE REGION WITH FOUR HELICOPTERS, TWO FIXED WING AIRPLANES AND THREE GROUND AMBULANCES.

HEALTH ACCESS PUEBLO (HAP)

CENTURA HEALTH IS COLLABORATING WITH THE PUEBLO COMMUNITY TO DEVELOP A PRODUCT FOR THE WORKING UNINSURED, A PROGRAM MUCH LIKE THE SUCCESSFUL PROGRAM IN MUSKOGON, MICHIGAN, CALLED ACCESS HEALTH. HAP IS A COLLABORATIVE EFFORT AMONG LOCAL ORGANIZATIONS AND LEADERS TO PROVIDE HEALTH CARE COVERAGE FOR PUEBLO'S WORKING UNINSURED. HAP IS CURRENTLY ORGANIZING ITSELF AS A 501(C) 3 NONPROFIT ORGANIZATION WITH A MISSION TO PROVIDE HIGH QUALITY HEALTH CARE COVERAGE TO QUALIFIED PERSONS WHO WORK FOR FIRMS BASED IN PUEBLO COUNTY. HAP IS NOT AN INSURANCE COMPANY, AND ITS COVERAGE IS NOT INSURANCE.

MENTAL HEALTH TRIAGE PROJECT

CENTURA HEALTH, HEALThONE HOSPITALS, EXEMPLA AND THE COLORADO HEALTH FOUNDATION JOINED FORCES TO UNDERWRITE THE COST OF CONDUCTING A FEASIBILITY STUDY, AS WELL AS A PLANNING AND DESIGN PROCESS, FOR A METRO DENVER CRISIS TRIAGE PROGRAM. A NEED FOR THE PROJECT IS DRIVEN BY THE ESCALATING NUMBER OF PEOPLE IN CRISIS WHO ARE SEEKING PSYCHIATRIC SERVICES AT LOCAL HOSPITAL EMERGENCY ROOMS. THE ROLE OF THE COMMUNITY BASED CRISIS SERVICES WILL BE TO SAFELY AND EFFECTIVELY STABILIZE PEOPLE EXPERIENCING MENTAL HEALTH EMERGENCIES AND EFFECTIVELY LINK THEM TO APPROPRIATE FOLLOW-UP CARE AND SERVICES. RESEARCH AND PLANNING FOR THE PROJECT IS BEING GUIDED BY THE METRO DENVER CRISIS TRIAGE STEERING COMMITTEE, A MULTI-DISCIPLINARY GROUP REPRESENTING HOSPITALS, MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDERS, ADVOCACY, PUBLIC POLICY, LAW ENFORCEMENT AND EMS/TRANSPORTATION LEADERS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

5 MILLION LIVES CAMPAIGN

IN NOVEMBER 45 COLORADO HOSPITALS, INCLUDING THE 12 CENTURA HEALTH HOSPITALS, WERE AWARDED A GRANT FROM THE COLORADO TRUST. THE 5 MILLION LIVES CAMPAIGN IS AN INITIATIVE TO HELP COLORADO HOSPITALS ENHANCE QUALITY MEASURES, IMPROVE SAFETY AND REDUCE MEDICAL INJURIES. THE EFFORT IS BASED ON THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S (IHI) NATIONAL 5 MILLION LIVES CAMPAIGN, AN INITIATIVE TO PREVENT FIVE MILLION INSTANCES OF PATIENT HARM OVER 18 MONTHS THROUGH THE IMPLEMENTATION OF INTERVENTIONS.

ST. ANTHONY HOSPITALS

ADOPT-A-FAMILY AND SEASONAL FOOD DRIVE

ST. ANTHONY ASSOCIATES ORGANIZE AND PARTICIPATE IN SHARING DURING THE HOLIDAYS THROUGH ADOPT-A-FAMILY IN DECEMBER AND THE SEMI-ANNUAL FOOD DRIVES IN JULY AND NOVEMBER. DONATED FOOD IS TAKEN TO SEVERAL AREA FOOD BANKS. DEPARTMENTS AT SAC ADOPT LOW-INCOME FAMILIES AND SENIORS, TO BRING FOOD AND GIFTS TO THOSE WHO ARE IN NEED IN OUR COMMUNITIES. THE HOSPITAL PARTNERS WITH CHURCHES, SCHOOLS, LOW-INCOME SENIOR HOUSING AND OTHER ORGANIZATIONS TO IDENTIFY PEOPLE WHO NEED HELP WITH FOOD AND GIFTS DURING THE HOLIDAYS.

AWAKE AND CPAP SATURDAYS

ST. ANTHONY'S SLEEP DISORDERS PROGRAM OFFERS TWO MONTHLY CLASSES FOR THE COMMUNITY TO ASSIST PERSONS WHO ARE EXPERIENCING SLEEPING DIFFICULTIES OR WHO MAY NEED ASSISTANCE IN BECOMING COMFORTABLE WITH A NEW CPAP MACHINE. AWAKE IS A SLEEP APNEA SUPPORT GROUP FOR PATIENTS AND THEIR FAMILIES. CPAP SATURDAYS PROVIDE AN OPPORTUNITY FOR PATIENTS TO LEARN TECHNIQUES FOR OVERCOMING DISCOMFORT WITH THEIR CPAP MACHINES AND FOR GETTING A GOOD NIGHT'S SLEEP.

BACH MAI HOSPITAL PROJECT, VIETNAM

IN VIETNAM, STRAINS ON GOVERNMENT FINANCES MEAN THAT HIGH QUALITY HEALTH CARE IS AVAILABLE ONLY TO THOSE WHO CAN PERSONALLY AFFORD IT. THROUGH A SISTER-TO-SISTER RELATIONSHIP BETWEEN ST. ANTHONY CENTRAL HOSPITAL AND BACH MAI HOSPITAL IN HANOI, ST. ANTHONY, UNIVERSITY OF COLORADO AND THE UNIVERSITY OF MICHIGAN HOPE TO CHANGE THAT. THEY HOPE TO FOSTER SYSTEMIC CHANGE IN THE VIETNAMESE HEALTH CARE SYSTEM BY PROVIDING TRAINING TO BACH MAI'S PHYSICIANS AND PROVIDING THE HOSPITAL WITH CURRENT MEDICAL EQUIPMENT AND SUPPLIES TO HELP CARE FOR THE POOR AND UNDERSERVED IN HANOI AND THE SURROUNDING PROVINCES. THE PROGRAM INVOLVES PERIODIC MISSION

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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TRIPS BY ST. ANTHONY PHYSICIANS TO HANOI AND RECIPROCAL LEARNING TRIPS TO COLORADO BY VIETNAMESE PHYSICIANS. THE GOAL IS TO ACHIEVE IMPROVEMENT IN VITAL HEALTH INDICATORS IN THE REGION SERVED BY THE BACH MAI HOSPITAL.

BENEFITS CHECKUP COLORADO

ST. ANTHONY CENTRAL IS THE LEAD ORGANIZATION FOR BENEFITS CHECKUP COLORADO. THIS FEDERAL PROGRAM LINKS OLDER ADULTS, AGES 55 PLUS, WITH FEDERAL AND STATE BENEFITS, SUCH AS MEDICARE PART D, FOOD STAMPS, MEAL SERVICES, LEGAL ASSISTANCE, RENT SUPPORT, TAX REBATES, NON-MEDICARE PRESCRIPTION DRUG PROGRAMS AND A HOST OF OTHER BENEFITS THAT INVOLVE INCOME QUALIFICATION. MANY OLDER PEOPLE, PARTICULARLY THOSE WITH LOWER INCOMES, ARE UNAWARE OF FEDERAL AND STATE PROGRAMS THAT MAY ASSIST THEM IN HAVING BETTER HEALTH AND QUALITY OF LIFE. IN ADDITION, FEW HAVE COMPUTERS AND THE SKILLS NEEDED TO USE COMPUTER-BASED SCREENING AND ENROLLMENT PROGRAMS TO OBTAIN THOSE BENEFITS, INCLUDING MEDICARE. ST. ANTHONY'S TRAINED STAFF AND VOLUNTEERS PROVIDE ASSISTANCE TO SENIORS THROUGHOUT THE STATE, WHO ARE UNABLE TO NAVIGATE THE COMPLEX, COMPUTER-BASED SCREENING PROGRAM, AND ASSIST THEM IN ENROLLING IN PROGRAMS FOR WHICH THEY QUALIFY.

BONFILS BLOOD CENTER BLOOD DRIVES

ST. ANTHONY HOSPITALS PARTNER WITH BONFILS BLOOD CENTER TO HOLD A MONTHLY COMMUNITY BLOOD DRIVE AT THE HOSPITAL. THESE BLOOD DRIVES HELP THE BONFILS BLOOD CENTER, A REGIONAL RESOURCE, TO MAINTAIN ITS BLOOD SUPPLY TO COVER THE ROUTINE AND EXTRAORDINARY NEEDS FOR DONATED BLOOD IN COLORADO.

CAB VOUCHERS FOR LOW-INCOME PATIENTS

ST. ANTHONY HOSPITALS PROVIDE TAXI CAB VOUCHERS, BUS TOKENS, AND VAN SERVICE, DEPENDING ON THE PATIENT'S NEED, TO PROVIDE LOW INCOME PERSONS WITH TRANSPORTATION TO AND FROM OUTPATIENT CARE.

CANCER SUPPORT GROUPS

ST. ANTHONY'S RADIATION ONCOLOGY DEPARTMENT HOSTS MONTHLY CANCER SUPPORT GROUPS FOR COMMUNITY CANCER PATIENTS WHO ARE IN TREATMENT, OR HAVE COMPLETED TREATMENT AND NEED A PLACE TO SHARE WITH OTHERS WHO UNDERSTAND. CHAPLAINS REGULARLY PARTICIPATE IN THE GROUPS FOR ADDITIONAL SPIRITUAL SUPPORT.

CITY-WIDE DISASTER DRILL PARTICIPATION

ST. ANTHONY CENTRAL HOSPITAL PREPARES FOR AND PARTICIPATES IN CITY-WIDE DISASTER DRILLS ALONG WITH NUMEROUS DENVER METRO AREA HEALTH, SAFETY AND HUMAN SERVICES ORGANIZATIONS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

CLINICAL PASTORAL EDUCATION

ST. ANTHONY'S CLINICAL PASTORAL EDUCATION TRAINS INDIVIDUALS TO BECOME QUALIFIED HOSPITAL AND COMMUNITY CHAPLAINS. OPEN TO PERSONS FROM ALL FAITH TRADITIONS, THE PROGRAM INCLUDES PERSONS FROM A VARIETY OF WALKS OF LIFE WHO LEARN TO PROVIDE SPIRITUAL CARE AND COMFORT TO INDIVIDUALS AND FAMILIES DURING SOME OF THE MOST TRYING AND DIFFICULT TIMES IN THEIR LIVES.

COMMUNITY HEALTH RESOURCES

ST. ANTHONY SUPPORTS SEVERAL HEALTH CLINICS THAT PROVIDE FAMILY HEALTH CARE SERVICES TO THE POOR:

NEW HOPE DENTAL SERVICES IS AN OUTREACH SERVICE OF INNER CITY HEALTH CENTER THAT PROVIDES DENTAL CARE TO LOW-INCOME, UNINSURED PATIENTS IN NORTHWEST DENVER. ST. ANTHONY PROVIDED START-UP FUNDING FOR THE PROGRAM AND FOR THE PAST SEVEN YEARS, HAS PROVIDED FREE OFFICE SPACE AND MAINTENANCE SERVICES FOR NEW HOPE, IN THE RALEIGH MEDICAL BUILDING ON THE ST. ANTHONY CENTRAL CAMPUS.

CLINICA TEPEYAC, ORIGINALLY A MISSION PROGRAM OF OUR LADY OF GUADALUPE CHURCH, IS A PRIVATE, NONPROFIT CLINIC THAT USES MOSTLY VOLUNTEER PHYSICIANS AND OFFERS HEALTH EDUCATION AND PREVENTION PROGRAMS, AS WELL AS PRIMARY HEALTH CARE, FOR THE UNINSURED WORKING POOR, PRIMARILY IN THE LATINO COMMUNITY.

CLINICA CAMPESENA, A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER, PROVIDES HEALTH CARE SERVICES TO THE MEDICALLY INDIGENT POPULATIONS AT THREE SITES IN LAFAYETTE AND WESTMINSTER. ST. ANTHONY FAMILY MEDICINE RESIDENCY DELIVERS CLINICA BABIES AT ST. ANTHONY NORTH.

INNER CITY HEALTH CENTER IS A PRIVATE, FAITH-BASED, NONPROFIT CLINIC LOCATED IN THE FIVE POINTS NEIGHBORHOOD IN DENVER. MEDICAL, DENTAL AND COUNSELING SERVICES ARE OFFERED BY VOLUNTEER PHYSICIANS AT INNER CITY. THE ST. ANTHONY FAMILY MEDICINE RESIDENCY PROVIDES PRENATAL CARE ONE DAY EACH WEEK AT INNER CITY AND DELIVERS BABIES AT ST. ANTHONY.

DEVELOPMENT DISABILITY RESOURCE CENTER OBTAINS PRIMARY HEALTH CARE FOR ITS DEVELOPMENTALLY CHALLENGED ADULTS THROUGH THE FACULTY OF THE ST. ANTHONY FAMILY MEDICINE RESIDENCY.

COMMUNITY MAGAZINE -VIM & VIGOR

VIM & VIGOR IS ST. ANTHONY'S FREE COMMUNITY HEALTH AND WELLNESS MAGAZINE. VIM & VIGOR IS PUBLISHED ON A QUARTERLY BASIS AND MAILED TO 60,000 HOUSEHOLDS IN OUR SURROUNDING COMMUNITIES.

COMMUNITY WALKS INCLUDING AHA HEART WALK, ALZHEIMER'S WALK, RACE FOR THE CURE, RELAY FOR LIFE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

ST. ANTHONY TEAMS PARTICIPATE ANNUALLY IN THESE IMPORTANT COMMUNITY EVENTS THAT RAISE AWARENESS AND FUNDING TO SUPPORT RESEARCH AND TREATMENT OF THESE LIFE THREATENING DISEASES THAT AFFECT SO MANY PEOPLE IN OUR COMMUNITIES.

DOULA PROGRAM FOR SPANISH-SPEAKING MATERNITY PATIENTS

DOULA, IN GREEK, MEANS "WOMAN IN SERVICE OF ANOTHER." IT IS THE NAME FOR WOMEN WHO PERFORM "BIRTH COACHING" FOR YOUNG MOTHERS. ST. ANTHONY'S DOULA PROGRAM PROVIDES, WITHOUT CHARGE, CERTIFIED, WELL-TRAINED, BILINGUAL WOMEN TO SERVE AS A BRIDGE OVER THE CULTURAL DIVIDE BETWEEN THE SPANISH-SPEAKING, LABORING MOTHER AND THE MEDICAL TEAM. A DOULA'S PRESENCE HELPS TO ALLEVIATE MUCH OF THE STRESS, INCLUDING THE LANGUAGE BARRIER, WHICH CAN LEAD TO A PAINFUL OR COMPLICATED BIRTH. THE ON-CALL DOULA COMES TO THE HOSPITAL TO STAY WITH THE MOTHER THROUGHOUT HER LABOR, AND PROVIDES EMOTIONAL SUPPORT, NON-MEDICAL ASSISTANCE AND INTERPRETATION FOR PATIENT AND PROVIDER THROUGHOUT THE ENTIRE BIRTH PROCESS. WOMEN WHO DO NOT SPEAK ENGLISH, AND WHO ARE UNCOMFORTABLE IN OUR CULTURE, OFTEN AVOID CONTACT WITH MODERN HEALTH CARE, PUTTING THEMSELVES AND THEIR INFANTS AT HIGH RISK. THE DOULA PROGRAM WAS CREATED TO ADDRESS THIS NEED, PROVIDING A QUALITY, CULTURALLY ACCEPTABLE BIRTHING EXPERIENCE AND IMPROVED BIRTH-RELATED OUTCOMES FOR MONOLINGUAL, SPANISH SPEAKING WOMEN. THEIR BIRTHS INVOLVE HIGHER LEVELS OF RISK, DUE TO ANESTHESIA EXPOSURE AND INABILITY TO FOLLOW INSTRUCTIONS FROM, AND MAKE THEIR NEEDS KNOWN TO, ENGLISH SPEAKING PROVIDERS.

FAMILY EDUCATION

ST. ANTHONY'S WOMEN'S SERVICES OFFERS A VARIETY OF CLASSES FOR THE COMMUNITY, INCLUDING CHILDBIRTH EDUCATION, NEW SIBLING CLASSES, BABYSITTING CLASS THAT INCLUDES CPR, LACTATION CLASSES FOR NEW MOTHERS, AND OTHERS. THESE CLASSES HELP NEW AND GROWING FAMILIES DEVELOP SKILLS FOR SAFE AND EFFECTIVE CHILD CARE AND POSITIVE FAMILY DYNAMICS.

FIRST AID SERVICES AT COMMUNITY EVENTS

ST. ANTHONY CENTRAL HOSPITAL'S TRAUMA SERVICES ANNUALLY SERVES AS THE OFFICIAL FIRST AID SERVICE PROVIDER FOR LARGE COMMUNITY EVENTS, INCLUDING THE NATIONAL WESTERN STOCK SHOW, RIDE THE ROCKIES, NASCAR RACING, AS WELL AS FOR A VARIETY OF COMMUNITY FAIRS AND OTHER EVENTS THROUGHOUT THE YEAR. THIS SERVICE BRINGS THE SKILLS OF HIGHLY TRAINED EMERGENCY CARE WORKERS INTO THE COMMUNITY, WHERE LARGE GATHERINGS CARRY A HIGH POTENTIAL NEED FOR IMMEDIATE ILLNESS AND INJURY CARE.

GROWING HOME (FORMERLY INTERFAITH HOSPITALITY NETWORK)

ESTABLISHED UNDER THE LEADERSHIP OF ST. ANTHONY NORTH HOSPITAL, GROWING

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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HOME IS A HOMELESS PREVENTION, SHELTER, AND TRANSITIONAL HOUSING PROGRAM IN ADAMS COUNTY. ALONG WITH A NETWORK OF 24 CHURCHES, A SYNAGOGUE AND REGIS UNIVERSITY, ST. ANTHONY NORTH HOSPITAL PROVIDES SHELTER TO HOMELESS FAMILIES ON A ROTATING BASIS, ONE WEEK AT A TIME, USUALLY UP TO THREE TIMES EACH YEAR. VOLUNTEERS PROVIDE MEALS, COMPANY, ASSISTANCE WITH HOMEWORK AND TRANSPORTATION TO THE DAY CENTER FOR PARENTS AND TO SCHOOLS FOR CHILDREN. THE INTERFAITH FAMILY SHELTER DAY CENTER IS STAFFED BY SOCIAL WORKERS WHO ASSIST ADULTS IN FINDING TRANSITIONAL AND PERMANENT HOUSING AND JOBS, AND REGISTERING FOR GED AND OTHER PROGRAMS. THE HOMELESS PREVENTION PROGRAM PROVIDES CRISIS RENTAL ASSISTANCE, LANDLORD-TENANT MEDIATION, FOOD, BABY SUPPLIES AND OTHER SERVICES TO HELP PREVENT FAMILIES FROM LOSING THEIR HOMES. THE CHILDREN'S PROGRAM PROVIDES TUTORING, RECREATIONAL ACTIVITIES, HEALTH CLASSES AND OTHER ACTIVITIES DESIGNED FOR HOMELESS KIDS. VOLUNTEER HOSPITAL STAFF MEMBERS ARE KEY TO THE SUCCESS OF ALL THREE GROWING HOME PROGRAMS.

HEALTH INSURANCE COUNSELING FOR SENIORS

ST. ANTHONY'S HEALTH INSURANCE COUNSELING FOR SENIORS PROVIDES THEM WITH INFORMATION AND ENROLLMENT ASSISTANCE INTO A HOST OF MANAGED AND NON-MANAGED MEDICARE AND MEDICARE-SUPPLEMENTAL INSURANCE PROGRAMS. STAFF AND VOLUNTEERS IDENTIFY THE PROGRAMS THAT BEST MEET THE INDIVIDUAL'S NEEDS AND PROVIDE ASSISTANCE WITH ENROLLMENT. WHEN SENIORS EXPERIENCE DIFFICULTIES WITH BILLING OR BENEFITS RELATED TO MEDICARE, THE HEALTH INSURANCE COUNSELING PROGRAM PROVIDES TROUBLE-SHOOTING ASSISTANCE.

HEALTH PASSPORT

HEALTH PASSPORT OFFERS A WIDE RANGE OF LEARNING OPPORTUNITIES TO OLDER ADULTS WHO ARE LOOKING FOR AN OPPORTUNITY TO ENGAGE IN LIFELONG LEARNING. SERVING NEARLY 10,000 MEMBERS, HEALTH PASSPORT'S OFFERINGS INCLUDE A ONE-TIME OR SERIES OF CLASSES IN SUCH AREAS AS HEALTH ISSUES, COMPUTER SKILLS, FINANCIAL PLANNING, MUSIC APPRECIATION, EXERCISE, SELF-CARE, CURRENT WORLD ISSUES, AND MANY OTHERS. THE PROGRAM ALSO PARTNERS WITH THE COLORADO MILLS MALL TO SUPPORT MILLS MILERS, A WALKING CLUB FOR ALL AGES THAT INCLUDES MONTHLY HEALTH-RELATED CLASSES AND PERIODIC HEALTH SCREENINGS FOR COMMUNITY PARTICIPANTS. MILLS MILERS HAS ABOUT 750 MEMBERS.

INTEGRATIVE HEALING

ST. ANTHONY CENTRAL'S INTEGRATIVE HEALING SERVICE BRINGS A VARIETY OF COMPLEMENTARY MEDICINE SERVICES TO PATIENTS, ASSOCIATES AND OTHERS. COMBINING MUSIC THERAPY, MASSAGE, MEDITATION AND OTHER TECHNIQUES WITH TRADITIONAL MEDICINE FACILITATES THE HEALING PROCESS AND HELPS INDIVIDUALS TO MAINTAIN THEIR HEALTH.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

JOINT PAIN SEMINARS

ST. ANTHONY'S JOINT CARE CENTER OFFERS MONTHLY CLASSES FOR COMMUNITY MEMBERS WHO ARE EXPERIENCING JOINT PAIN IN ANY OF THEIR EXTREMITIES. THESE CLASSES HELP JOINT PAIN SUFFERERS TO LEARN ABOUT THE NEWEST TREATMENTS TO AVOID, ELIMINATE, OR LIVE MORE COMFORTABLY WITH CHRONIC JOINT PAIN. TREATMENT OPTIONS INCLUDING PHARMACEUTICAL, NUTRITIONAL, EXERCISE AND SURGICAL PROCEDURES ARE EXPLORED.

LINNEA BASEY CANCER RESOURCE LIBRARY

ST. ANTHONY CENTRAL HOSPITAL HOUSES THE LINNEA BASEY CANCER RESOURCE LIBRARY, AN INFORMATION RESOURCE FOR CANCER PATIENTS AND THEIR FAMILIES. THE LIBRARY IS LOCATED IN THE RADIATION ONCOLOGY DEPARTMENT. THE LIBRARY INCLUDES BOOKS, VIDEOS AND OTHER RESOURCES TO HELP CANCER PATIENTS AND THEIR FAMILIES LEARN ABOUT THE DISEASE AND HOW TO COPE WITH IT, DURING AND AFTER TREATMENT. THE LIBRARY IS SUPPORTED BY DONATIONS FROM THE ST. ANTHONY VOLUNTEER ASSOCIATION AND THE ST. ANTHONY HEALTH FOUNDATION.

NURSE-FAMILY PARTNERSHIP

THE NURSE-FAMILY PARTNERSHIP PROVIDES ONE-ON-ONE RN HOME VISITS FOR FIRST-TIME PREGNANT AND PARENTING WOMEN WHOSE INCOME IS LESS THAN 200 PERCENT FPL. THE PROGRAM BEGINS EARLY IN PREGNANCY AND FOLLOWS THE MOTHER AND BABY UNTIL THE CHILD'S SECOND BIRTHDAY. THE PROGRAM FOSTERS GOOD PRENATAL CARE, HEALTHY INFANTS, AND DEVELOPMENT OF SELF-SUFFICIENT PARENTS WHO DEMONSTRATE GOOD PARENTING BEHAVIORS FOR THEIR INFANTS AND TODDLERS. ST. ANTHONY'S NURSE-FAMILY PARTNERSHIP SERVES APPROXIMATELY 100 MOTHERS AND THEIR BABIES AT ANY POINT IN TIME. THE NURSE-FAMILY PARTNERSHIP PROGRAM HAS A 25-YEAR NATIONAL TRACK RECORD, INCLUDING THE FOLLOWING OUTCOMES: 56 PERCENT FEWER ER VISITS FOR INJURIES TO CHILD; 79 PERCENT REDUCTION IN CHILD MALTREATMENT; 30-MONTH REDUCTION IN WELFARE USE; 44 PERCENT REDUCTION IN MATERNAL SUBSTANCE ABUSE; 56 PERCENT FEWER ARRESTS AND 81 PERCENT FEWER CONVICTIONS OF 15-YEAR-OLD CHILDREN FOLLOWED BY THE PROGRAM.

PASTORAL NURSE PROGRAM

THE PASTORAL NURSE PROGRAM SERVES THE HEALTH AND WELLNESS NEEDS OF PEOPLE IN OUR COMMUNITIES WHO ARE LOW-INCOME, UNINSURED OR UNDERINSURED. THE PASTORAL NURSE PROVIDES THE FOLLOWING SERVICES IN THE COMMUNITY: PERSONAL AND GROUP HEALTH EDUCATION, PERSONAL HEALTH COUNSELING, INDIVIDUAL HEALTH SCREENING, IMMUNIZATIONS, REFERRAL RESOURCE LIAISON, HOME CARE, COORDINATION OF LARGE COMMUNITY HEALTH SCREENING EVENTS AND SCHOOL HEALTH SERVICES. THE PASTORAL NURSE ALSO ENLISTS THE SERVICES OF HUNDREDS OF MEDICAL AND NONMEDICAL VOLUNTEERS TO CARRY OUT THE MISSION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

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THE PASTORAL NURSE PARTNERS WITH CHURCHES, SCHOOLS, SENIOR CENTERS, URBAN HOUSING DEVELOPMENTS, LOW-INCOME SENIOR HOUSING FACILITIES, HOMELESS SHELTERS AND OTHER COMMUNITY- BASED ORGANIZATIONS THAT SERVE DISENFRANCHISED PEOPLE IN OUR COMMUNITY WHO FALL THROUGH THE SAFETY NET. EACH YEAR, THE PASTORAL NURSE COORDINATES ADMINISTRATION OF THOUSANDS OF FREE FLU SHOTS TO PERSONS IN HOMELESS SHELTERS, SENIOR CENTERS, LOW-INCOME HOUSING, CHURCHES AND SCHOOLS. THIS SERVICE HELPS TO PREVENT NOT ONLY MANY CASES OF INFLUENZA AND SUBSEQUENT EMERGENCY ROOM VISITS, BUT ALSO PNEUMONIA AND OTHER ADVERSE OUTCOMES THAT MAY BE EXPERIENCED BY THESE VULNERABLE PERSONS. TUBERCULOSIS SCREENING IDENTIFIES NUMEROUS CASES OF THIS DISEASE, ESPECIALLY AMONG IMMIGRANTS. HUNDREDS OF LOW-INCOME CHILDREN ARE FULLY IMMUNIZED ANNUALLY, THEREBY AVOIDING THE CHILDHOOD ILLNESSES THEY OTHERWISE MIGHT SUFFER. THE PASTORAL NURSE PROVIDES SERVICES WHERE PEOPLE LIVE THEIR LIVES - OFFERING BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR SCREENS AFTER SUNDAY SERVICES, AND IDENTIFYING CONDITIONS FOR WHICH FOLLOW-UP CARE IS SOUGHT, BEFORE EMERGENCY CARE IS NEEDED.

PRECEPTING FOR HEALTH CARE STUDENTS

ST. ANTHONY HAS A LONG HISTORY OF HELPING TO PREPARE NEW HEALTH PRACTITIONERS FOR THE COMMUNITY. ANNUALLY, ST. ANTHONY NURSES SPEND MORE THAN 50,000 HOURS PRECEPTING NURSING STUDENTS FROM SEVERAL AREA COLLEGES. THOUSANDS OF ADDITIONAL HOURS ARE SPENT BY PROFESSIONALS AT ST. ANTHONY PRECEPTING STUDENTS PREPARING FOR CAREERS IN EMERGENCY MEDICAL SERVICES, RADIOLOGY, RESPIRATORY THERAPY, PHLEBOTOMY, PHARMACY, AND OTHERS.

PROJECT CURE

ST. ANTHONY WORKS WITH PROJECT CURE TO SEND USED BUT USEFUL MEDICAL EQUIPMENT AND SUPPLIES TO DEVELOPING COUNTRIES AROUND THE WORLD. PROJECT CURE IS A NONPROFIT ORGANIZATION THAT BRINGS MEDICAL TECHNOLOGY TO HEALTH CARE PROVIDERS IN SITUATIONS WHERE RESOURCES FOR PROVIDING MEDICAL CARE ARE FEW OR NONE.

RXASSIST

RXASSIST IS A ST. ANTHONY CENTRAL PROGRAM THAT IDENTIFIES AND ENROLLS ELDERLY AND LOW-INCOME PERSONS IN PRESCRIPTION DRUG ASSISTANCE PROGRAMS, OFFERED BY PHARMACEUTICAL COMPANIES. CHARITY PROGRAMS AND REDUCED-PRICE PROGRAMS FROM SEVERAL COMPANIES CAN BE USED FOR A SINGLE PATIENT. ONCE A PROGRAM IS IDENTIFIED, ST. ANTHONY'S STAFF ASSISTS PATIENTS WITH THE PAPERWORK REQUIRED FOR ENROLLMENT. RXASSIST ALSO WORKS WITH BENEFITS CHECKUP COLORADO TO ASSIST SENIORS IN IDENTIFYING THE MEDICARE PART D PROGRAMS TO BEST SUIT THEIR NEEDS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

SAFETY AND INJURY PREVENTION PROGRAM

ST. ANTHONY CENTRAL'S SAFETY AND INJURY PREVENTION PROGRAM IS A VITAL RESOURCE FOR OUR COMMUNITY. AS THE COMMUNITY OUTREACH ARM OF ST. ANTHONY'S TRAUMA DEPARTMENT, THE SAFETY AND INJURY PREVENTION PROGRAM PROVIDES EDUCATIONAL PROGRAMS FOR ADULTS AND CHILDREN ON AUTOMOBILE SAFETY, SPORTS INJURY PREVENTION, POISON SAFETY, CHILD SAFETY IN THE HOME AND ON THE ROAD, AND A VARIETY OF OTHER TOPICS, DEPENDING ON THE INTERESTS AND NEEDS OF THE GROUP. IN ADDITION, THE COORDINATOR AND A HOST OF VOLUNTEERS ATTEND AN AVERAGE OF 70 COMMUNITY EVENTS EACH YEAR TO DO CAR SEAT CHECKS, OFFER SAFETY INFORMATION, AND FIT CHILDREN WITH FREE -AND LOW-COST BIKE HELMETS. THE PROGRAM SERVES PEOPLE OF ALL AGES AND IS AN EXPRESSION OF OUR MISSION TO NURTURE THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES. IT ALSO PREVENTS MANY COSTLY AND LIFE-THREATENING INJURIES EACH YEAR.

SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM

THE SANE PROGRAM, A COLLABORATION OF ST. ANTHONY, TWO JUDICIAL DISTRICTS AND EIGHT POLICE AND SHERIFFS' DEPARTMENTS, PROVIDES TRAINED, ON-CALL NURSE EXAMINERS, AT THE HOSPITAL EMERGENCY DEPARTMENT, TO CONDUCT MEDICAL AND FORENSIC EXAMINATIONS OF SEXUAL ASSAULT VICTIMS. THE NURSES ARE ALSO TRAINED IN OFFERING COURT TESTIMONY AND ARE CALLED UPON TO TESTIFY IN TRIALS OF ACCUSED PERPETRATORS OF SEXUAL ASSAULT. THE PROGRAM PROVIDES PHYSICAL AND EMOTIONAL SUPPORT TO VICTIMS, MEDICAL CARE, STANDARD EVIDENCE COLLECTING FOR LAW ENFORCEMENT, AND LEADS TO MORE SUCCESSFUL PROSECUTIONS. MANY ASSAULTS GO UNREPORTED OR LACK SUFFICIENT FORENSIC EVIDENCE TO SUCCESSFULLY PROSECUTE THE PERPETRATORS. NATIONAL STUDIES SHOW THAT SUCCESSFUL CONVICTIONS LEAD TO A REDUCTION IN THE INCIDENCE OF SEXUAL ASSAULT. VICTIMS WHO RECEIVE APPROPRIATE PHYSICAL CARE AND EMOTIONAL SUPPORT, INCLUDING COMPETENT EVIDENCE COLLECTION, ARE MORE LIKELY TO COOPERATE IN TRIALS OF THEIR ASSAILANTS AND FEEL MORE EMPOWERED IN MOVING ON WITH THEIR LIVES. A COMMUNITY EDUCATION COMPONENT HELPS CITIZENS UNDERSTAND HOW TO AVOID SEXUAL ASSAULT AND WHAT TO DO IF ONE BECOMES VICTIMIZED.

SPIRITUAL CARE SERVICES

ST. ANTHONY HOSPITALS OFFER A VARIETY OF SPIRITUAL CARE SERVICES, IN ADDITION TO CHAPLAINCY SERVICES, WHICH INCLUDE:

- DAILY AND SUNDAY MASS FOR PATIENTS, VISITORS AND THE COMMUNITY IN THE HOSPITAL'S CHAPEL. MASS IS AVAILABLE TO PATIENTS VIA IN-HOUSE TELEVISION AT SAC
- MEMORIAL SERVICES, QUARTERLY, FOR ST. ANTHONY CENTRAL PATIENTS WHO PASSED AWAY DURING THE PRECEDING QUARTER
- WEDNESDAY "NOON-THIRTY" PRAYER, IN THE CHAPLAINS' OFFICE AT SAC FOR

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

PATIENTS, VISITORS AND ASSOCIATES

-SATURDAY MORNING SPIRITUAL REFLECTIONS, OPEN TO ALL WHO WISH TO EXPERIENCE QUIET SPIRITUAL REFLECTION
-ETHICS GRAND ROUNDS HELD MONTHLY, AND OPEN TO ALL ASSOCIATES
-ANNUAL BLESSING OF THE HANDS SERVICE HONORS, IN PARTICULAR, THE NURSES, BUT INCLUDES A BLESSING OF HANDS FOR ALL ASSOCIATES WHOSE WORK CONTRIBUTES TO THE CARE OF OUR PATIENTS

ST. ANTHONY HEALTH FOUNDATION

THE ST. ANTHONY HEALTH FOUNDATION, PART OF THE CATHOLIC HEALTH INITIATIVES MOUNTAIN REGION FOUNDATION, IS THE FUNDRAISING ARM FOR ST. ANTHONY HOSPITALS. THE FOUNDATION'S SUPPORT MAKES IT POSSIBLE FOR US TO PROVIDE EXCEPTIONAL HOSPITAL CARE, FLIGHT FOR LIFE® AIR AMBULANCE SERVICES, AND A BROAD ARRAY OF OUTREACH PROGRAMS TO OUR COMMUNITY. IN ADDITION, THE FOUNDATION MANAGES TWO FINANCIAL ASSISTANCE PROGRAMS FOR ASSOCIATES AND PATIENTS OF ST. ANTHONY HOSPITALS WHO ARE FACING UNFORESEEN FINANCIAL CRISES:

-ASSOCIATE FINANCIAL ASSISTANCE PROGRAM - THIS PROGRAM IS FUNDED ENTIRELY BY THE ASSOCIATES OF THE SYSTEM TO HELP MEET THE NEEDS OF THEIR COLLEAGUES FACING A CRITICAL UNFORESEEN FINANCIAL NEED
-PATIENT FINANCIAL ASSISTANCE PROGRAM - THIS PROGRAM, ALSO FUNDED PRIMARILY BY DONATIONS FROM ASSOCIATES, SHOWS COMPASSION TO ST. ANTHONY PATIENTS IN NEED OF MEDICAL EQUIPMENT, SERVICES, OR FINANCIAL ASSISTANCE BEYOND WHAT THE HOSPITAL OR INSURANCE CAN PROVIDE

ST. ANTHONY SENIOR HEALTH CENTERS

ST. ANTHONY PROVIDES THE BEST QUALITY OF CARE AVAILABLE FOR SENIORS IN OUR COMMUNITY AT THREE SENIOR HEALTH CENTERS. THE CENTERS ARE STAFFED BY PHYSICIANS WHO ARE BOARD-CERTIFIED GERIATRICIANS OFFERING PRIMARY CARE, A VARIETY OF ADJUNCT SERVICES, SUCH AS VISION, FOOT CARE, AND CASE MANAGEMENT SERVICES, TAILORED SPECIFICALLY TO THE NEEDS OF AGING ADULTS. PATIENTS USUALLY QUALIFY FOR MEDICARE, BUT MANY ARE UNABLE TO AFFORD SUPPLEMENTAL INSURANCE POLICIES TO COVER MORE THAN THE MEDICARE BASICS. MEDICAID AND CHARITY CARE ARE AVAILABLE FOR LOW-INCOME SENIORS.

WEST COLFAX PARTNERSHIP

THIS COMMUNITY NONPROFIT ORGANIZATION IS A COLLABORATION OF ST. ANTHONY CENTRAL HOSPITAL, SLOAN'S LAKE CITIZENS' GROUP, VILLA PARK NEIGHBORHOOD

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

ASSOCIATION, AND THE WEST COLFAX BUSINESS ASSOCIATION. ORIGINALLY SEEDED WITH A \$100,000 GRANT FROM ST. ANTHONY CENTRAL, THIS 12-YEAR-OLD ORGANIZATION HAS RECENTLY MADE GREAT STRIDES IN ITS WORK TO REVITALIZE WEST COLFAX AVENUE, BETWEEN FEDERAL AND SHERIDAN BOULEVARDS. IN 2006, IT SUCCEEDED IN ESTABLISHING THE WEST COLFAX BUSINESS IMPROVEMENT DISTRICT. THE PARTNERSHIP'S GOAL IS TO MAKE THE AVENUE SAFER, MORE ECONOMICALLY VIABLE AND MORE ATTRACTIVE- OFFERING MORE SERVICES AND EMPLOYMENT OPPORTUNITIES TO AREA RESIDENTS.

YAFFE HOSPITALITY HOUSE

THE YAFFE HOUSE OFFERS OUT-OF-TOWN CAREGIVERS OF INPATIENTS AT ST. ANTHONY CENTRAL AND NORTH A PLACE TO STAY WITHOUT CHARGE. SUPPORTED ENTIRELY BY DONATIONS, INCLUDING CONTRIBUTIONS FROM GUESTS AND FROM THE ST. ANTHONY VOLUNTEER ASSOCIATION AND THE ST. ANTHONY HEALTH FOUNDATION, THE YAFFE HOUSE HAS SERVED THOUSANDS OF VISITORS DURING ITS 11 YEARS OF OPERATION. THE HOUSE OFFERS SEVEN COMFORTABLE ROOMS FOR SLEEP AND RELAXATION, A PEACEFUL ATMOSPHERE, AS WELL AS A LIBRARY, KITCHEN FACILITIES, AND RECREATIONAL AND SUPPORT SERVICES. THE YAFFE HOUSE IS USED BY PRIMARY CAREGIVERS OF INPATIENTS IF THEY MUST TRAVEL MORE THAN 50 MILES TO DENVER. HAVING A PLACE TO STAY THAT IS NEAR THE HOSPITAL AND FREE OF CHARGE HELPS TO RELIEVE THE STRESS OF MAJOR OR CATASTROPHIC ILLNESS FOR BOTH CAREGIVER AND PATIENT. THE HOUSE SUPPORTS OUR MISSION TO CARE FOR THOSE WHO ARE ILL AND TO NURTURE THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES WHO ARE ALSO CARING FOR OUR PATIENTS. PATIENT AND GUEST SATISFACTION SURVEYS INDICATE THAT PHYSICAL, MENTAL AND SPIRITUAL HEALING WAS ENHANCED BY THE AVAILABILITY OF THE YAFFE HOUSE.

9HEALTH FAIR

EVERY YEAR, ST. ANTHONY HOSPITALS HOSTS THE 9HEALTH FAIR. ST. ANTHONY ASSOCIATES, ALONG WITH COMMUNITY VOLUNTEERS, BOTH MEDICAL AND NON-MEDICAL, PERFORM A HOST OF FREE AND LOW-COST HEALTH SCREENINGS FOR THE COMMUNITY MEMBERS WHO ATTEND. EDUCATIONAL TABLES AND BOOTHS REPRESENTING ST. ANTHONY SERVICES AND A VARIETY OF COMMUNITY HEALTH SERVICES ARE PRESENT TO PROVIDE HEALTH EDUCATION TO THOSE WHO ATTEND. MORE THAN 1300 PEOPLE ATTENDED LAST YEAR'S 9HEALTH FAIR AT ST. ANTHONY HOSPITALS.

ST. ANTHONY FAMILY MEDICINE CENTER

ST. ANTHONY FAMILY MEDICINE CENTER (FMC) IS OPERATED BY THE ST. ANTHONY FAMILY MEDICINE RESIDENCY AND IS STAFFED BY FACULTY PHYSICIANS, RESIDENTS AND OTHER PRIMARY HEALTH CARE PROVIDERS AND HEALTH EDUCATION SPECIALISTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

PATIENTS, WITH AND WITHOUT HEALTH INSURANCE, RECEIVE PRIMARY CARE, HEALTH EDUCATION, MENTAL HEALTH CARE AND, WHEN NECESSARY, HOSPITALIZATION THROUGH THE FMC. IN ORDER TO CREATE A HEALTHIER COMMUNITY, ST. ANTHONY FAMILY MEDICINE CENTER INCORPORATES HEALTH PROMOTION AND DISEASE-PREVENTION INITIATIVES INTO DAILY PRACTICE, INCLUDING SCREENING SERVICES, RISK FACTOR MANAGEMENT, HEALTH BEHAVIOR CHANGE COUNSELING, AND INJURY PREVENTION IN THE HOME. THE MAJORITY OF PATIENTS RECEIVE MEDICAID OR CHARITY CARE. ST. ANTHONY NORTH HOSPITAL'S FMC DEMONSTRATES ITS COMMITMENT TO PROVIDING COMPREHENSIVE, CONTINUING, PERSONAL HEALTH CARE FOR THE UNDERSERVED OF ALL AGES IN THE WESTMINSTER COMMUNITY. AS A TRAINING GROUND FOR NEW FAMILY PHYSICIANS, THE FMC REACHES INTO THE INNER CITY, FOCUSING ON TRAINING NEW PHYSICIANS TO BE COMPASSIONATE AND RESPECTFUL OF PERSONS WHO FACE CULTURAL, ECONOMIC AND PHYSICAL CHALLENGES. BY INCREASING THE POOL OF QUALIFIED PHYSICIANS IN THE COMMUNITY, THE RESIDENCY ALSO IMPROVES FUTURE ACCESS TO CARE.

AVON CANCER WALK AND TUBBS ROMP TO STOMP
SASMC IS A SPONSOR FOR THE AVON CANCER WALK AND TUBBS ROMP TO STOMP, EVENTS THAT PROMOTE BREAST CANCER AWARENESS AND ASSISTANCE, PROVIDING FINANCIAL SUPPORT, MEDICAL SUPPLIES AND FIRST AID PERSONNEL.

CELEBRATING FAMILIES WORKSHOP

THIS IS A FREE COMMUNITY EVENT FOR EXPECTING, NEW PARENTS, AND PARENTS OF TODDLERS. LECTURES AND ACTIVITIES INCLUDE: IMMUNIZATION INFORMATION; TODDLER/PARENT, EXERCISE/BABY MASSAGE; BABY SIGN LANGUAGE/NUTRITION; KEEPING YOUR FAMILY HEALTHY; AND POSITIVE PARENTING.

CENTRAL MOUNTAIN SAFE KIDS COALITION

ST. ANTHONY SUMMIT MEDICAL CENTER IS THE LEAD AGENCY IN THE CENTRAL MOUNTAIN SAFE KIDS COALITION, WHICH IS DEDICATED TO PREVENTING UNINTENDED CHILDHOOD INJURY FROM BIRTH TO AGE 14. THE SPECIFIC FOCUS OF THIS COALITION IS CHILD PASSENGER SAFETY. USING CERTIFIED CAR SEAT TECHNICIANS, THE COALITION CONDUCTS CAR SEAT FITTING.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----NET ASSETS TRANSFERRED FROM ST. MARY
CORWIN HOSPITAL AUXILIARY73,221.

TOTAL

73,221.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

CAPITAL RESOURCE POOL CONTRIBUTION	8,862,000.
CHANGE IN UNREALIZED LOSS ON SECURITIES	37,264,437.

TOTAL	46,126,437.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
=====			
ARROPE JESUIT HIGH SCHOOL 4343 UTICA STREET DENVER, CO 80212	NONE	TO PROVIDE COMMUNITY BENEFIT	15,000.
ADAMS COUNTY ECONOMIC DEVELOPMENT 12050 N PECOS ST SUITE 200 WESTMINSTER, CO 80234	NONE	TO PROVIDE COMMUNITY BENEFIT	500.
AMERICAN RED CROSS-PP REGION 1040 SOUTH 8TH STREET COLORADO SPRINGS, CO 80906	NONE	TO PROVIDE COMMUNITY BENEFIT	2,500.
BETH-EL NURSES ASSOCIATION 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS, CO 80933	NONE	TO PROVIDE COMMUNITY BENEFIT	200.
CANON CITY CHAMBER OF COMMERCE 404. ROYAL GORGE BLVD. CANON CITY, CO 81212	NONE	TO PROVIDE COMMUNITY BENEFIT	280.
CATHOLIC DIOCESE OF PUEBLO 1001 N GRAND AVENUE PUEBLO, CO 81003	NONE	TO PROVIDE COMMUNITY BENEFIT	900.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CANON CITY PREGNANCY CENTER
508 GREENWOOD AVENUE
CANON CITY, CO 81212

NONE

TO PROVIDE COMMUNITY BENEFIT

250.

CARE AND SHARE
2520 AVIATION WAY SUITE 130
COLORADO SPRINGS, CO 80916

NONE

TO PROVIDE COMMUNITY BENEFIT

236.

CANON CITY AREA METRO
128 MAIN STREET
CANON CITY, CO 81212

NONE

TO PROVIDE COMMUNITY BENEFIT

2,000.

CENTER FOR NONPROFIT EXCELLENCE
518 N. NEVADA
COLORADO SPRINGS, CO 80903

NONE

TO PROVIDE COMMUNITY BENEFIT

1,200.

CENTRO DE LOS POBRES
212 E. US HWY 50
AVONDALE, CO 81022

NONE

TO PROVIDE COMMUNITY BENEFIT

1,000.

CROSSROADS TURNING POINT
509 E 13TH STREET
PUEBLO, CO 81003

NONE

TO PROVIDE COMMUNITY BENEFIT

12,600.

CRAIG HOSPITAL FOUNDATION
3425 S CLARKSON
ENGLEWOOD, CO 80113

NONE

TO PROVIDE COMMUNITY BENEFIT

6,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CLINICA TEPEYAC
3617 KALAMATH ST
DENVER, CO 80211

NONE

TO PROVIDE COMMUNITY BENEFIT

2,500.

COLORADO SPRINGS DOWN SYNDROME
PO BOX 2364
COLORADO SPRINGS, CO 80901

NONE

TO PROVIDE COMMUNITY BENEFIT

130.

COLORADO PERINATAL CARE COUNCIL
4300 CHERRY CREEK DR. S.
DENVER, CO 80246

NONE

TO PROVIDE COMMUNITY BENEFIT

898.

COLORADO PHYSICIAN HEALTH
899 LOGAN STREET, SUITE 410
DENVER, CO 80203

NONE

TO PROVIDE COMMUNITY BENEFIT

1,500.

AFRICAN AMERICAN YOUTH LEADERSHIP CONFERENCE
210-G WEST ROCKRIMMON BLVD
COLORADO SPRINGS, CO 80903

NONE

TO PROVIDE COMMUNITY BENEFIT

2,000.

CAHAY SPEAKER FUND
2494 WYSSA DRIVE
LOVELAND, CO 80538

NONE

TO PROVIDE COMMUNITY BENEFIT

2,500.

COLORADO SPRINGS FIREFIGHTERS
375 PRINTERS PARKWAY
COLORADO SPRINGS, CO 80910

NONE

TO PROVIDE COMMUNITY BENEFIT

1,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
DENVER COMMUNITY SERVICE FUND PO BOX 40502 DENVER, CO 80204	NONE	TO PROVIDE COMMUNITY BENEFIT	1,000.
DEPRESSION & BIPOLAR SUPPORT 825 E PIKES PEAK AVE COLORADO SPRINGS, CO 80903	NONE	TO PROVIDE COMMUNITY BENEFIT	10,374.
DYSLEXIA CENTER 825 E PIKES PEAK AVE COLORADO SPRINGS, CO 80903	NONE	TO PROVIDE COMMUNITY BENEFIT	58,057.
ELLA MAE BRANSON SICKLE CELL P.O. BOX 16456 COLORADO SPRINGS, CO 80935	NONE	TO PROVIDE COMMUNITY BENEFIT	500.
FREMONT REGIONAL HOPICE 115 S 5TH STREET, P.O. BOX 246 CANON CITY, CO 81212	NONE	TO PROVIDE COMMUNITY BENEFIT	400.
FREMONT ECONOMIC DEVELOPMENT 402 VALLEY ROAD CANON CITY, CO 81212	NONE	TO PROVIDE COMMUNITY BENEFIT	300.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

FREMONT CENTER FOR THE ARTS
505 MACON AVENUE, PO BOX 1006
CANON CITY, CO 81212

NONE

TO PROVIDE COMMUNITY BENEFIT

350.

GOODWILL INDUSTRIES
P.O. BOX 6300
COLORADO SPRINGS, CO 80934

NONE

TO PROVIDE COMMUNITY BENEFIT

350.

GOODLAND REGIONAL MEDICAL CENTER
2200 W 2ND AVE
GOODLAND, KS 67735

NONE

TO PROVIDE COMMUNITY BENEFIT

2,500.

JUNIOR ACHIEVEMENT
601 N. MAIN ST. SUITE 221
PUEBLO, CO 81003

NONE

TO PROVIDE COMMUNITY BENEFIT

180.

JUVENILE DIABETES FOUNDATION
3710 SINTON RD., SUITE 220
COLORADO SPRINGS, CO 80907

NONE

TO PROVIDE COMMUNITY BENEFIT

750.

KIDZ IN MOTION
5424 CONWAY POINTE COURT
ORLANDO, FL 32812

NONE

TO PROVIDE COMMUNITY BENEFIT

1,000.

KIND-KIDS IN NEED OF DENTISTRY
825 E PIKES PEAK AVE
COLORADO SPRINGS, CO 80903

NONE

TO PROVIDE COMMUNITY BENEFIT

17,300.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

LEUKEMIA & LYMPHOMA SOCIETY
5353 W DARTMOUTH AVE, SUITE 400
DENVER, CO 80227

TO PROVIDE COMMUNITY BENEFIT

550.

NATIONAL FIRE SAFETY
3365 W 65TH AVENUE
DENVER, CO 80221

TO PROVIDE COMMUNITY BENEFIT

250.

NAT'L HOMELAND DEFENSE FOUNDATION
1631 MESA, SUITE C
COLORADO SPRINGS, CO 80906

TO PROVIDE COMMUNITY BENEFIT

5,000.

MUSCULAR DYSTROPHY ASSOCIATION
PO BOX 272
DILLON, CO 80435

TO PROVIDE COMMUNITY BENEFIT

200.

MEMORIAL HOSPITAL
1400 EAST BOULDER
COLORADO SPRINGS, CO 80909

TO PROVIDE COMMUNITY BENEFIT

250.

PARKVIEW FOUNDATION
400 W. 16TH STREET
PUEBLO, CO 81003

TO PROVIDE COMMUNITY BENEFIT

500.

PIKES PEAK COMMUNITY FOUNDATION
272 S ACADEMY BLVD.
COLORADO SPRINGS, CO 80910

TO PROVIDE COMMUNITY BENEFIT

1,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PIKES PEAK CHALLENGE P.O. BOX 75987 COLORADO SPRINGS, CO 80970	TO PROVIDE COMMUNITY BENEFIT	240.
PAGE ME, INC PO BOX 8868 PUEBLO, CO 81002	TO PROVIDE COMMUNITY BENEFIT	14.
PIKES PEAK COMMUNITY COLLEGE 11195 HWY 83 COLORADO SPRINGS, CO 80921	TO PROVIDE COMMUNITY BENEFIT	12,500.
PIKES PEAK ONCOLOGY NURSES SOCIETY 4935 COUNTRY BROOK COURT COLORADO SPRINGS, CO 80917	TO PROVIDE COMMUNITY BENEFIT	1,000.
PIKES PEAK HOSPICE FOUNDATION 825 E PIKES PEAK AVE #600 COLORADO SPRINGS, CO 80903	TO PROVIDE COMMUNITY BENEFIT	7,500.
PIKES PEAK PARTNERSHIP 2377 N. ACADEMY BLVD. COLORADO SPRINGS, CO 80909	TO PROVIDE COMMUNITY BENEFIT	2,500.
PSYCHOTHERAPY ASSOCIATES, P.C. 3208 N. ACADEMY BLVD., SUITE 160 COLORADO SPRINGS, CO 80917	TO PROVIDE COMMUNITY BENEFIT	2,400.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ROTARY CLUB OF PUEBLO #43
PO BOX 53
PUEBLO, CO 81002

NONE

TO PROVIDE COMMUNITY BENEFIT

100.

SPRINGS RESCUE MISSION
PO BOX 2108
COLORADO SPRINGS, CO 80901

NONE

TO PROVIDE COMMUNITY BENEFIT

600.

SET OF COLORADO SPRINGS
825 E. PIKES PEAK AVE., BLDG. 29
COLORADO SPRINGS, CO 80903

AFFILIATED ORGANIZATION

TO PROVIDE COMMUNITY BENEFIT

85,421.

SET OF COLORADO SPRINGS
825 E. PIKES PEAK AVE., BLDG. 29
COLORADO SPRINGS, CO 80903

AFFILIATED ORGANIZATION

TO PROVIDE COMMUNITY BENEFIT

80,000.

ST. MARY'S HIGH SCHOOL
2501 E. YAMPA STREET
COLORADO SPRINGS, CO 80903

NONE

TO PROVIDE COMMUNITY BENEFIT

5,000.

ST. PATRICKS DAY PARADE
711 S TEJON SUITE #201
COLORADO SPRINGS, CO 80903

NONE

TO PROVIDE COMMUNITY BENEFIT

2,000.

THE CHILDRENS HOSPITAL
13123 E 16TH AVE
AURORA, CO 80045

NONE

TO PROVIDE COMMUNITY BENEFIT

10,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUSAN G KOMEN PO BOX 25832 COLORADO SPRINGS, CO 80936	NONE		TO PROVIDE COMMUNITY BENEFIT	272.
THE WEST CHAMBER 1667 COLE BLVD, BLDG 10, SUITE 400 LAKEWOOD, CO 80401	NONE		TO PROVIDE COMMUNITY BENEFIT	2,000.
URBAN PEAK COLORADO SPRINGS 14 W BLJOU STREET COLORADO SPRINGS, CO 80903	NONE		TO PROVIDE COMMUNITY BENEFIT	1,000.
UNIVERSITY OF COLORADO 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS, CO 80933	NONE		TO PROVIDE COMMUNITY BENEFIT	19,166.
UPPER ARKANSAS AREA COUNCIL OF GOVNT PO BOX 510 CANON CITY, CO 81212	NONE		TO PROVIDE COMMUNITY BENEFIT	240.
UTAH PEACE OFFICERS PO BOX 277 WEST JORDAN, UT 84084	NONE		TO PROVIDE COMMUNITY BENEFIT	100.
YWCA OF PUEBLO 790 N ALBANY AVE PUEBLO, CO 81003	NONE		TO PROVIDE COMMUNITY BENEFIT	1,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OLD NORTH END NEIGHBORHOOD PO BOX 8185 COLORADO SPRINGS, CO 80933	NONE	TO PROVIDE COMMUNITY BENEFIT	2,400.
CANON CITY AREA PARKS 575 ASH STREET CANON CITY, CO 81212	NONE	TO PROVIDE COMMUNITY BENEFIT	100.
CATHOLIC HEALTH INITIATIVES-COLORADO FOUNDATION 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	AFFILIATED ORGANIZATION	TO PROVIDE COMMUNITY BENEFIT	4,859,043.
FRANCISCAN WELLNESS 825 E PIKES PEAK AVE COLORADO SPRINGS, CO 80903	NONE	TO PROVIDE COMMUNITY BENEFIT	17,347.
CATHOLIC HEALTH INITIATIVES- COLORADO 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	AFFILIATED ORGANIZATION	TO PROVIDE COMMUNITY BENEFIT	180,106.
TOTAL CONTRIBUTIONS PAID			5,446,554.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====DESCRIPTION
-----PROGRAM
SERVICES

ASSISTANCE TO THE INDIGENT

5,814.

TOTALS

5,814.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INSURANCE	14,995,540.	11,996,432.	2,999,108.
ADVERTISING AND RECRUITMENT	1,330,509.	1,064,407.	266,102.
BAD DEBT	176,709,471.	176,709,471.	
OTHER PROFESSIONAL SERVICE	39,286,755.	31,429,403.	7,857,352.
MANAGEMENT FEES	113,436,979.		113,436,979.
BANK FEES	502,792.		502,792.
PHYSICIAN FEES	28,466,100.	22,772,880.	5,693,220.
PURCHASED SERVICES	94,106,846.	75,285,477.	18,821,369.
REPAIRS	15,063,176.	12,050,541.	3,012,635.
DUES & SUBSCRIPTIONS	1,683,790.	1,347,032.	336,758.
REAL ESTATE TAXES	419,022.	335,218.	83,804.
EMPLOYEE BUSINESS EXPENSES	1,089,890.	871,912.	217,978.
MISCELLANEOUS EXPENSES	891,319.	758,715.	132,604.
PUBLIC RELATIONS	1,229,358.	1,229,358.	
MEDICAL SERVICES	10,287,031.	8,229,625.	2,057,406.
OTHER TAXES	191,546.	153,237.	38,309.
EDUCATION	132,551.	106,041.	26,510.
TOTALS	499,822,675.	344,339,749.	155,482,926.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE PRIMARY EXEMPT PURPOSE OF CATHOLIC HEALTH INITIATIVES - COLORADO IS
TO PROVIDE HEALTHCARE AND RELATED SERVICES THROUGH ITS INPATIENT,
OUTPATIENT, AND COMMUNITY-BASED FACILITIES REGARDLESS OF ABILITY TO
PAY.

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

BORROWER: NURSING SCHOLARSHIPS
ORIGINAL AMOUNT: 623,843.
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: SCHOLARSHIPS
DESCRIPTION AND FMV CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE 400,009.
ENDING BALANCE DUE 566,880.

BORROWER: EMPLOYEE ASSISTANCE LOANS
DATE OF NOTE: VAR
MATURITY DATE: VAR

BEGINNING BALANCE DUE 16,365.
ENDING BALANCE DUE NONE

BORROWER: NATHAN GREEN
ORIGINAL AMOUNT: 24,479.
INTEREST RATE: 8.750000
DATE OF NOTE: 07/01/2005
MATURITY DATE: 06/30/2009
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
DESCRIPTION AND FMV CASH
OF CONSIDERATION:

ENDING BALANCE DUE NONE

BORROWER: DR. GROSS AND DR. SNOW
ORIGINAL AMOUNT: 429,079.
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN GUARANTEE
ENDING BALANCE DUE 156,540.

BORROWER: DR. NAKAMURA
ORIGINAL AMOUNT: 94,330.
INTEREST RATE: 9.250000
DATE OF NOTE: 08/12/2006
MATURITY DATE: 05/31/2010
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 63,231.

BORROWER: DR LOPEZ
ORIGINAL AMOUNT: 194,460.
INTEREST RATE: 5.750000
DATE OF NOTE: 05/01/2007
MATURITY DATE: 12/31/2008
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 54,208.

BORROWER: DR GAMUAC
ORIGINAL AMOUNT: 68,140.
INTEREST RATE: 5.000000
DATE OF NOTE: 06/01/2008
MATURITY DATE: 05/31/2010
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 34,476.

BORROWER: DR. JAMES
ORIGINAL AMOUNT: 309,113.
INTEREST RATE: 8.500000
DATE OF NOTE: 07/26/2005
MATURITY DATE: 01/31/2009
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 61,309.

BORROWER: DR PARVIN AND DR. BALA
ORIGINAL AMOUNT: 77,123.
INTEREST RATE: 9.250000
DATE OF NOTE: 07/15/2005
MATURITY DATE: 07/31/2009
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 29,573.

BORROWER: DR CARLSON
ORIGINAL AMOUNT: 10,000.
DATE OF NOTE: 03/01/2008
MATURITY DATE: 02/28/2009
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 6,667.

BORROWER: DR CHASE
ORIGINAL AMOUNT: 10,000.
DATE OF NOTE: 08/01/2007
MATURITY DATE: 07/31/2008
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 833.

BORROWER: DR WAGNER
ORIGINAL AMOUNT: 268,623.
INTEREST RATE: 8.750000
DATE OF NOTE: 09/25/2007
MATURITY DATE: 07/31/2011
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 66,559.

BORROWER: DR WASSINGER
ORIGINAL AMOUNT: 57,018.
INTEREST RATE: 8.750000
DATE OF NOTE: 09/25/2007
MATURITY DATE: 07/31/2011
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: PHYSICIAN RECRUITMENT
ENDING BALANCE DUE 56,597.

BORROWER: GABRIEL GODINA
ORIGINAL AMOUNT: 54,610.
INTEREST RATE: 8.250000
DATE OF NOTE: 12/18/2007
MATURITY DATE: 09/30/2011
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: INCOME GUARANTEE
ENDING BALANCE DUE 54,610.

BORROWER: GLENN HERRMANN
ORIGINAL AMOUNT: 45,665.
INTEREST RATE: 9.250000
DATE OF NOTE: 04/10/2007
MATURITY DATE: 06/30/2010
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: INCOME GUARANTEE
ENDING BALANCE DUE 31,712.

BORROWER: ANDREW SMITH
ORIGINAL AMOUNT: 43,953.
INTEREST RATE: 9.250000
DATE OF NOTE: 04/10/2007
MATURITY DATE: 06/30/2010
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: INCOME GUARANTEE
ENDING BALANCE DUE 29,302.

BORROWER: DAVID BECK
ORIGINAL AMOUNT: 32,119.
INTEREST RATE: 7.750000
DATE OF NOTE: 07/11/2004
MATURITY DATE: 06/11/2008
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: INCOME GUARANTEE
ENDING BALANCE DUE NONE

BORROWER: DENVER NMR
ORIGINAL AMOUNT: 681,223.
INTEREST RATE: 9.000000
DATE OF NOTE: 04/01/2000
MATURITY DATE: 12/01/2010
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: CONSTRUCTION LOAN
ENDING BALANCE DUE 221,144.

BORROWER: CS PULMONARY
ORIGINAL AMOUNT: 20,153.
INTEREST RATE: 6.250000
DATE OF NOTE: 04/16/2008
MATURITY DATE: 03/01/2012
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: EMPLOYEE DEVELOPMENT
ENDING BALANCE DUE 20,363.

BORROWER:	DR SIMPFENDORFER	
ORIGINAL AMOUNT:	80,899.	
INTEREST RATE:	8.250000	
DATE OF NOTE:	12/28/2007	
MATURITY DATE:	11/01/2011	
REPAYMENT TERMS:	MONTHLY AMORTIZATION	
SECURITY PROVIDED:	NONE	
PURPOSE OF LOAN:	INCOME GUARANTEE	
ENDING BALANCE DUE		84,294.

BORROWER:	SUMMIT MOB	
ORIGINAL AMOUNT:	1,408,645.	
INTEREST RATE:	7.000000	
DATE OF NOTE:	11/06/2007	
MATURITY DATE:	12/31/2010	
REPAYMENT TERMS:	MONTHLY AMORTIZATION	
SECURITY PROVIDED:	NONE	
PURPOSE OF LOAN:	PAYOFF MORTGAGE	
ENDING BALANCE DUE		1,408,645.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	416,374.
	=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	2,946,943.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
CHI OPERATING INVESTMENT PROGRAM, LP:	
FIXED	54,503,348.
EQUITY	48,189,455.

TOTALS	102,692,803.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
INTERCOMPANY RECEIVABLES	378,780,509.
INVESTMENTS IN UNCONSOLIDATED ORGANIZATIONS	47,814,672.
NET INTANGIBLE ASSETS	2,045,722.
PHYSICIAN RECRUITMENT LOANS	NONE
ASSETS HELD FOR SALE-SUMMIT	1,661,328.

TOTALS	430,302,231.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: CATHOLIC HEALTH INITIATIVES
ORIGINAL AMOUNT: 204,807,105.
INTEREST RATE: 5.100000
DATE OF NOTE: 11/25/1997
MATURITY DATE: 12/01/2021
REPAYMENT TERMS: MONTHLY AMORTIZATION
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: CAPITAL FINANCING
DESCRIPTION AND FMV CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE	95,648,347.
ENDING BALANCE DUE	80,245,050.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	95,648,347.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	80,245,050.
	=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CAPITAL LEASE	1,502,075.
ESTATE PLAN/HEALTH PLAN LIAB.	1,643,518.
FUTURE SERVICE OBLIGATION	1,390,964.
INTERCOMPANY PAYABLES	299,026,394.
WORKERS COMP/UE CLAIMS LIAB.	125,847.
ASBESTOS REMOVAL	9,005,500.
OTHER LIABILITIES	4,069,676.

TOTALS	316,763,974. =====

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
COLLEEN BLYE 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112	DIRECTOR 1.00	NONE	NONE	NONE
COLLEEN BLYE IS EMPLOYED BY CATHOLIC HEALTH INITIATIVES, WHICH IS THE PARENT COMPANY OF CHI-COLORADO.				
JOHN DICOLA 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112	DIRECTOR 1.00	NONE	NONE	NONE
JOHN DICOLA IS EMPLOYED BY CATHOLIC HEALTH INITIATIVES, WHICH IS THE PARENT COMPANY OF CHI-COLORADO.				
ARLEN REYNOLDS 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112	VICE PRESIDENT 1.00	NONE	NONE	NONE
ARLEN REYNOLDS IS EMPLOYED BY CENTURA HEALTH CORPORATION, WHICH IS AN AFFILIATED ORGANIZATION OF CHI-COLORADO. CENTURA HEALTH CORPORATION IS A JOINT OPERATING AGREEMENT COMPRISED OF CHI-COLORADO AND PORTERCARE ADVENTIST HEALTH SYSTEM.				
GREGORY BURFITT 188 INVERNESS DRIVE WEST SUITE 500	PRESIDENT 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----

ENGLEWOOD, CO 80112

GREGORY BURFITT IS EMPLOYED BY CENTURA HEALTH CORPORATION, WHICH IS AN
AFFILIATED ORGANIZATION OF CHI-COLORADO. CENTURA HEALTH CORPORATION IS A
JOINT OPERATING AGREEMENT COMPRISED OF CHI-COLORADO AND PORTERCARE
ADVENTIST HEALTH SYSTEM.

KRIS ORDELHEIDE	SECRETARY	NONE	NONE	NONE
188 INVERNESS DRIVE WEST SUITE 500	1.00			
ENGLEWOOD, CO 80112				

KRIS ORDELHEIDE IS EMPLOYED BY CENTURA HEALTH CORPORATION, WHICH IS AN
AFFILIATED ORGANIZATION OF CHI-COLORADO. CENTURA HEALTH CORPORATION IS A
JOINT OPERATING AGREEMENT COMPRISED OF CHI-COLORADO AND PORTERCARE
ADVENTIST HEALTH SYSTEM.

GARY CAMPBELL	PRESIDENT	NONE	NONE	NONE
188 INVERNESS DRIVE WEST SUITE 500	1.00			
ENGLEWOOD, CO 80112				

GARY CAMPBELL IS EMPLOYED BY CATHOLIC HEALTH INITIATIVES, WHICH IS THE
PARENT COMPANY OF CHI-COLORADO.

RANDY SAFADY	TREASURER	NONE	NONE	NONE
188 INVERNESS DRIVE WEST SUITE 500	1.00			
ENGLEWOOD, CO 80112				

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
---------------------------	--	-----------------------	--	--

RANDY SAFADY IS EMPLOYED BY CENTURA HEALTH CORPORATION, WHICH IS AN
AFFILIATED ORGANIZATION OF CHI-COLORADO. CENTURA HEALTH CORPORATION IS A
JOINT OPERATING AGREEMENT COMPRISED OF CHI-COLORADO AND PORTERCARE
ADVENTIST HEALTH SYSTEM.

GRAND TOTALS

-----	NONE	NONE	NONE
=====	=====	=====	=====

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
COLLEEN BLYE CATHOLIC HEALTH INITIATIVES PARENT COMPANY	47-0617373	1,037,597.	191,784.	21,400.
JOHN DICOLA CATHOLIC HEALTH INITIATIVES PARENT COMPANY	47-0617373	817,896.	121,073.	21,400.
ARLEN REYNOLDS CENTURA HEALTH CORPORATION AFFILIATED ORGANIZATION	84-1335382	761,902.	97,541.	22,027.
GREGORY BURFITT CENTURA HEALTH CORPORATION AFFILIATED ORGANIZATION	84-1335382	2,604,770.	414,914.	2,683.
KRIS ORDELHEIDE CENTURA HEALTH CORPORATION AFFILIATED ORGANIZATION	84-1335382	374,847.	97,393.	10,300.

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION
=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
GARY CAMPBELL CATHOLIC HEALTH INITIATIVES PARENT COMPANY	47-0617373	704,796.	76,353.	21,400.
RANDY SAFADY CENTURA HEALTH CORPORATION AFFILIATED ORGANIZATION	84-1335382	475,527.	28,976.	48,438.
GRAND TOTALS		6,777,335.	1,028,034.	147,648.
		=====	=====	=====

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

LOANS AND ADVANCES

COMPENSATION

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT.
AND OTHER
ALLOWANCES

GERALD J PICERNO
188 INVERNESS DRIVE WEST SUITE 500
ENGLEWOOD, CO 80112

NONE

NONE

NONE

GERALD J. PICERNO IS EMPLOYED BY CENTURA HEALTH CORPORATION, WHICH IS AN
AFFILIATED ORGANIZATION OF CHI-COLORADO. CENTURA HEALTH CORPORATION IS A
JOINT OPERATING AGREEMENT COMPRISED OF CHI-COLORADO AND PORTERCARE
ADVENTIST HEALTH SYSTEM.

GRAND TOTALS

NONE

NONE

NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE
=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
PATIENT REVENUE					777,356,212.
RENT REVENUE					5,310,399.
EDUCATION					179,150.
INVESTMENT IN UNCONSOLIDATED ORGS					9,255,118.
GIFT SHOP			03	658,685.	
FOOD SERVICES	722320	1,027,976.	03	2,227,473.	
PHARMACY	446110	6,215,064.			
RESEARCH CENTER	541700	74,521.			
FITNESS CENTER	713940	42,719.			
REFERENCE LAB	621500	424,381.			
TOTALS		7,784,661.		2,886,158.	792,100,879.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
COMCARE SERVICES, INC. 4231 WEST 16TH AVENUE DENVER, CO 80204 84-0904813	100.000000	MED. SERVICES	4,087.	NONE
CENTURA HOME CARE LLC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-1577151	50.000000	MED HOME CARE	14,120,357.	55,691,049.
TOTAL INCOME			14,124,444.	55,691,049.

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

CONTROLLED ENTITY'S NAME: CATHOLIC HEALTH INITIATIVES
CONTROLLED ENTITY'S ADDRESS: 9780 MT PYRAMID COURT
CITY, STATE & ZIP: ENGLEWOOD, CO 80112
EIN: 47-0617373
TRANSFER AMOUNT: 15,050,682.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CHI DEBT PROGRAM PRINCIPAL PAYMENT

CONTROLLED ENTITY'S NAME: CATHOLIC HEALTH INITIATIVES
CONTROLLED ENTITY'S ADDRESS: 1999 BROADWAY, STE 4000
CITY, STATE & ZIP: DENVER, CO 80202
EIN: 47-0617373
TRANSFER AMOUNT: 4,782,417.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CHI DEBT PROGRAM INTEREST PAYMENT

CONTROLLED ENTITY'S NAME: CATHOLIC HEALTH INITIATIVES
CONTROLLED ENTITY'S ADDRESS: 1999 BROADWAY, STE 4000
CITY, STATE & ZIP: DENVER, CO 80202
EIN: 47-0617373
TRANSFER AMOUNT: 8,862,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CAPITAL RESOURCE POOL CONTRIBUTION

CONTROLLED ENTITY'S NAME: CHI COLORADO FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 960 E. COLORADO AVE @ CENTERPOINT
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-0902211
TRANSFER AMOUNT: 5,039,149.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CAPITAL CONTRIBUTION TO SUPPORT PROGRAM SERVICES

CONTROLLED ENTITY'S NAME: S.E.T. OF COLORADO SPRINGS
CONTROLLED ENTITY'S ADDRESS: 825 E PIKES PEAK AVE
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-1183335
TRANSFER AMOUNT: 165,421.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CAPITAL CONTRIBUTION TO SUPPORT PROGRAM SERVICES

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

CONTROLLED ENTITY'S NAME: CHI COLORADO FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 960 E. COLORADO AVE @ CENTERPOINT
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-0902211
TRANSFER AMOUNT: 6,850,822.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
CAPITAL CONTRIBUTION TO SUPPORT PROGRAM SERVICES

CONTROLLED ENTITY'S NAME: ST. MARY CORWIN HOSPITAL AUXILIARY
CONTROLLED ENTITY'S ADDRESS: 1008 MINNEQUA AVENUE
CITY, STATE & ZIP: PUEBLO, CO 81004
EIN: 23-7293638
TRANSFER AMOUNT: 73,221.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
NET ASSETS TRANSFERRED

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
JOHN NICHOLS 5570 DTC PARKWAY ENGLEWOOD, CO 80111	PHYSICIAN 40.00	687,550.	39,163.	NONE
A STEWART LEVY 5570 DTC PARKWAY ENGLEWOOD, CO 80111	PHYSICIAN 40.00	908,457.	31,826.	NONE
MICHAEL DREWECK 5570 DTC PARKWAY ENGLEWOOD, CO 80111	PHYSICIAN 40.00	763,166.	31,614.	NONE
JOHN HUDSON 5570 DTC PARKWAY ENGLEWOOD, CO 80111	PHYSICIAN 40.00	631,490.	15,808.	NONE
CAMILLE AZAR 5570 DTC PARKWAY ENGLEWOOD, CO 80111	PHYSICIAN 40.00	436,585.	18,212.	NONE
TOTAL COMPENSATION		3,427,248. =====	136,623. =====	NONE =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
ANESTHESIA SPECIALISTS 4323 S HOLLY ST ENGLEWOOD, CO 80111	MEDICAL SERVICES	5,733,837.
DENVER NMR 1407 LARIMER STREET DENVER, CO 80202	MEDICAL SERVICES	2,452,594.
AMN HEALTHCARE INC FILE 56157 LOS ANGELES, CA 90074-6157	NURSING SERVICES	5,291,719.
COLORADO IMAGING ASSOC PC 2490 W 26TH AVE, SUITE 220A DENVER, CO 80211	MEDICAL SERVICES	2,299,980.
VASCULAR CENTER OF COLORADO 1008 MINNEQUA AVE, SUITE 100 PUEBLO, CO 81004-2188	MEDICAL SERVICES	17,732,306.
TOTAL COMPENSATION		----- 33,510,436. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HOSPITAL COOPERATIVE LAUNDRY 1 6225 EAST 38TH AVE DENVER, CO 80207	LAUNDRY SERVICES	2,211,813.
SODEXHO AMERICA LLC PO BOX 43283 LOS ANGELES, CA 90088-3283	DIETARY SERVICES	11,446,828.
MEDQUIST TRANSCRIPTIONS LTD PO BOX 10832 NEWARK, NJ 07193	CLERICAL SERVICES	1,862,544.
ROCKY MOUNTAIN HELICOPTERS PO BOX 676592 DALLAS, TX 75267-6592	TRANSPORTATION SVCS.	3,568,839.
WACKENHUT CORPORATION P.O. BOX 277469 ATLANTA, GA 30384-7469	SECURITY SERVICES	2,268,641.
TOTAL COMPENSATION		----- 21,358,665. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE FORM 990, PART V-A

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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PORTION OF MEMBERSHIP DUES USED FOR LOBBYING PURPOSES:

-COLORADO HOSPITAL ASSOCIATION - \$26,282
-AMERICAN HOSPITAL ASSOCIATION - \$12,745
-CATHOLIC HOSPITAL ASSOCIATION - \$7,247

SCH A, PT VII - RELATIONSHIPS WITH NONCHARITABLE EXEMPT ORGANIZATIONS

LINE NO.	AMOUNT INVOLVED	NAME OF NONCHARITABLE EXEMPT ORGANIZATION	DESCRIPTION OF TRANSFERS AND SHARING ARRANGEMENTS
51B(VI)	328,527.	CO HOSPITAL ASSOC	PAYMENT OF DUES
51B(VI)	11,000.	ADAMS CNTY ECONOMIC	PAYMENT OF DUES
51B(VI)	735.	AICPA	PAYMENT OF DUES
51B(VI)	3,564.	BETTER BUS BUREAU	PAYMENT OF DUES
51B(VI)	1,463.	BRECK RESORT CHAMBER	PAYMENT OF DUES
51B(VI)	1,440.	CANON CITY CHAMBER	PAYMENT OF DUES
51B(VI)	530.	CO SOCIETY OF CPAS	PAYMENT OF DUES
51B(VI)	35,500.	CO SPRINGS CHAMBER	PAYMENT OF DUES
51B(VI)	5,950.	COMMISSION ON AMTS	PAYMENT OF DUES
51B(VI)	2,000.	COMM HEALTH PTNSHIP	PAYMENT OF DUES
51B(VI)	1,650.	COPPER MTN ASSOC	PAYMENT OF DUES
51B(VI)	935.	DENVER MED SOCIETY	PAYMENT OF DUES
51B(VI)	1,400.	DENVER METRO CHAMBER	PAYMENT OF DUES
51B(VI)	1,400.	DENVER PARTNERSHIP	PAYMENT OF DUES
51B(VI)	500.	CO SPRINGS PTNSHIP	PAYMENT OF DUES
51B(VI)	11,000.	ECONOMIC DEVELOPMENT	PAYMENT OF DUES
51B(VI)	4,000.	PUEBLO PARTNERSHIP	PAYMENT OF DUES
51B(VI)	1,950.	LATINO CHAMBER	PAYMENT OF DUES
51B(VI)	5,663.	PUEBLO MED SOCIETY	PAYMENT OF DUES
51B(VI)	1,880.	PUEBLO HEALTHCARE	PAYMENT OF DUES
51B(VI)	1,175.	SUMMIT CHAMBER	PAYMENT OF DUES
51B(VI)	1,200.	WEST CHAMBER	PAYMENT OF DUES
51B(VI)	30,000.	GRAND CNTY RURAL HLT	PAYMENT OF DUES
51B(VI)	50,775.	AHA	PAYMENT OF DUES

Reason for Amended Form 990:

St. Mary Corwin Hospital Auxiliary, FEIN: 23-7293638 should not have filed a separate tax return. The activity is properly reported as part of Catholic Health Initiatives-Colorado, FEIN: 84-0405257. Therefore, we are filing an amended return for Catholic Health Initiatives- Colorado in order to properly report the activity.

COMPANY NAME CATHOLIC HEALTH INITIATIVES - COLORADO
EIN: 84-0405257
FYE 06/30/2008

FORM 990, PART IV, LINE 55 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	
Land Improvements			
Buildings	194,502.	176,310.	18,192.
Leasehold Improvements			
Equipment			
Furniture & Fixtures			
Property, Plant & Equipment	<u>194,502.</u>	<u>176,310.</u>	<u>18,192.</u>
Construction in Progress		NONE	
Total Fixed Assets, line 55	<u>194,502.</u>	<u>176,310.</u>	<u>18,192.</u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

EIN: 84-0405257
FYE: 06/30/2008

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	
Land Improvements	70402066.	9,805,061.	60597005.
Buildings	598549283.	291270232.	307279051.
Leasehold Improvements			
Equipment	278479684.	193405606.	85074078.
Furniture & Fixtures			
Property, Plant & Equipment	<u>947431033.</u>	<u>494480899.</u>	<u>452950134.</u>
Construction in Progress	267505108.	NONE	267505108.
Total Fixed Assets, line 57	<u>1214936141</u>	<u>494480899.</u>	<u>720455242.</u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.