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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11				
		pplicable	C Name of organization Gettysburg Medical Center			D Emp	loyer	identificatio	n number
☐ Ad	dress ch	hange	Doing Business As			46-0	234	354	
∏ Na	me cha	inge	boing basiness ris			E Telep	hone	number	
In:	tıal retu	ırn		f mail is not delivered to street address)	Room/suite	(605	5)76	5-2488	
Г Те	mınate	ed	606 East Garfield						
☐ Am	nended	return	City or town, state or country, ar Gettysburg, SD 57442	nd ZIP + 4	'	G Gross	recei	pts \$ 6,572,25	5
Гар	plication	n pending	octtysburg, 50 57442						
			F Name and address of p	rıncıpal officer	H(a) Is this	a group returr	n for affil	liates? Yes	▼ No
			Mark Schmidt 606 East Garfield					F	
			Gettysburg, SD 57442		H(b) Are al			t (see instr	Yes No
			<u> </u>					iumber 🕨 . C	
<u> </u>	ıx-exen	npt status	✓ 501(c)(3) 501(c)() •	◀ (insert no)	``				
J W	ebsite	e:⊫ N/A	4						
K For	m of or	ganızatıon	Corporation Trust Associa	ation Cother ►	L Year of fo	rmation 19	952	M State of leg	al domicile SD
Pa	rt I	Sum	mary						
				sion or most significant activities			_		
				s Gettysburg and the surrounding area budity collaborations or direct services	y developing c	ommunity	focu	ısed strateg	ies to
Governance		enable a	ceess for any element through qu	dancy conditions of affect services					
፸									
臺				discontinued its operations or disposed					
ŝ			ı	assets I					
න් ග				erning body (Part VI, line 1a)			4		14
ě		,,,,,,,,							13
Activities &				in calendar year 2010 (Part V, line 2a)			5 6		121
ď			mber of volunteers (estimate i	Part VIII, column (C), line 12			7a		27
	1			e from Form 990-T, line 34			7b		
			Tatou Buomood taxabto moonii.		Pric	or Year	75	Currer	nt Year
	8	Contri	butions and grants (Part VIII,	line 1h)			695		214,163
₹	9			, line 2g)		6,194,	_		6,078,116
Revenue	10		tment income (Part VIII, colui	85,	686		249,480		
ď	11	Other	revenue (Part VIII, column (A	092		30,496			
	12		revenue—add lines 8 through 1	ne	6 305	400		6 572 255	
	13			art IX, column (A), lines 1–3)		6,305,	2,726		3,146
	14			t IX, column (A), line 4)		۷,	0		<u> </u>
	15			oyee benefits (Part IX, column (A), lines	5-		\dashv		
\$	15	10)	es, other compensation, emple	yee beliefits (Fart IX, column (A), illies		3,407,	914		3,351,851
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0		0
ਡੌ	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) • 0					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,842,	855		2,188,563
	18			nust equal Part IX, column (A), line 25)		5,253,	-		5,543,560
	19	Reven	ue less expenses Subtract Iır	ne 18 from line 12		1,051,			1,028,695
Net Assets or Fund Balances					_	g of Curre 'ear	nt	End of	f Year
to de	20	Total :	assets (Part X. line 16)		'	7,740,	688		8,204,054
AAS AB	21					3,294,			2,399,238
žÏ	22			ct line 21 from line 20		4,445,			5,804,816
Pa	rt II	Sign	ature Block						
know		and belie		nined this return, including accompanying te. Declaration of preparer (other than offic					
						012-05-01			
Sign		Sig na	ature of officer		D	ate			
Her	e		Schmidt CEO or print name and title						
	1	 	•	I		Chock of a	lf.	T	
		Print/Type preparer's		Preparer's signature MARK STOCKI	Date	Check if se employed		PTIN	
Paid		Fırm's nar	me F CATHOLIC HEALTH INITIATIVES	5	·		-	Fırm's EIN	+
Prep		Fırm's add	dress 🕨 198 INVERNESS DRIVE WEST	Г				Phone no	(720) 874-
Use	Only		ENGLEWOOD, CO 80112					1500	/

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2010)					Page ∠
Par	t III Statement of P Check if Schedule 0			lishments Jestion in this Part III		F
1	Briefly describe the organ	·				
_	organization's mission is to			the Church by bringing	it new life, energy and viab	ılıty ın the 21st century
	lity to the Gospel urges us t					
2	Did the organization under	take anv signific	ant program se	ervices during the vear	which were not listed on	
	the prior Form 990 or 990	-EZ?				┌ Yes ┌ No
	If "Yes," describe these ne					
3	Did the organization cease services?			nt changes in how it con	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these ch	anges on Sched	ule O			
4	Describe the exempt purposection 501(c)(3) and 501 allocations to others, the t	1 (c)(4) organızat	ions and section	on 4947(a)(1) trusts ar	re required to report the am	
4a	(Code) (Expenses \$	5,062,089	ıncludıng grants of \$	3,146) (Revenue \$	6,078,116)
	SEE SCHEDULE H					
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sch	edule O)			
	(Expenses \$	ıncl	uding grants o	f\$) (Revenue \$)
4e	Total program service ex	penses ⊳ \$	5,062,08	9		

Part IV	Che	cklist	of Re	auired	Sche	dules
	CIIC	LKIISL	UI NO	uuncu	30110	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Q I	Check if Schedule O contains a response to any question in this Part V			
	<u> </u>		Yes	No
•	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
,	1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a 3b		Νο
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5B		
	In 163 to line 3a of 3b, and the organization me form 0000-1	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N c
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	70		- N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand 13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O			.,,

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

Se	ection A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14			
b	Enter the number of voting members included in line 1a, above, who are independent	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship we other officer, director, trustee, or key employee?	ith any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors or trustees, or key employees to a management company or other person		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	, <u> </u>	5		No
6	Does the organization have members or stockholders?		6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more membe		-	163	
	governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	s? • • <u> </u>	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	ng the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	:	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
	ection B. Policies (This Section B requests information about policies not required by the Ir		<u> </u>		
Re	evenue Code.)			,	
10-	Describes an arrange have been been been been been as office to 2	Г	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?		L0a		No
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such cha affiliates, and branches to ensure their operations are consistent with those of the organization?		юь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing		l1a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 1	L2a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
_	to conflicts?	· · -	L2b	Yes	
·	describe in Schedule O how this is done	1	L2c	Yes	
13	Does the organization have a written whistleblower policy?	🗀	13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de-	ecision?			
а	The organization's CEO, Executive Director, or top management official	1	l5a	Yes	
Ь	Other officers or key employees of the organization	1	l5b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions)				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme taxable entity during the year?	1	l6a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguary organization's exempt status with respect to such arrangements?	d the	L6b		
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed.				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply				
19	Own website Another's website Vpon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confli	ct of			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

20

(605) 765-2480

interest policy, and financial statements available to the public. See Additional Data Table

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

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

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

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

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

Check this box if neither the organize	ation nor any re	lated or	ganız	atio	n co	mpens	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours		(C) tion (check all hat apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Michael Colleran Board Member	1 0	х								
(2) Chad Cooper PRESIDENT/CEO	4 0	Х		х					341,409	55,348
(3) Tom Geraets Board Member	1 0	х								
(4) Owen Garnos Board Member	1 0	х								
(5) Mikel Holland Board Member	1 0	х								
(6) Darrell Jeanotte Board Member	1 0	х								
(7) Robert Miller BOARD Chair	1 0	Х		х						
(8) Colleen Lamb Secretary	1 0	х		х						
(9) Sr Adel Sautner Board Member	1 0	х								
(10) Ron Tedrow Treasurer	1 0	х		х						
(11) William Van Camp Board Member	1 0	х								
(12) Peggy Williams Board Member	1 0	х								
(13) Terry Fitzke Board Member	1 0	Х								
(14) Joe Villa Board Member	1 0	х								
(15) Mark Schmidt EXECUTIVE DIRECTOR	50 0			х				101,170		27,529

\$100,000 in compensation from the organization ▶0

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

	(A) Name and Title	(B) Average hours per		tion ((che				(D) Reportable compensation from the	(E) Reportable compensation from related	table Estim		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relat organıza	the ion and ed
								Ļ					
b_							· ·	-			_		
<u>с</u>	Total from continuation sheet							>	101,170	341,40			82,877
d	Total (add lines 1b and 1c) .						- 1		,	<u> </u>			02,077
	Total number of individuals (in \$100,000 in reportable compe					tea	above) Who	received more tha	n			
										1		Yes	No
	Did the organization list any for on line 1a? If "Yes," complete S	Schedule J for such	ındıvıd	ual .		•	•	•			3		Νo
•	For any individual listed on line organization and related organ individual										4	Yes	
•	Did any person listed on line 1 services rendered to the organ		-						-	r individual for •	5		No
S	ection B. Independent Co	ntractors											
<u> </u>	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent o	ontra	tors	that received more	than			
	N	(A) ame and business add	Iress						Descr	(B) iption of services		(C Comper	
											-		

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
T		F. J	4-					514
and other similar amounts		Federated campaigns	1 a					
, <u> </u>	b	Membership dues	. 1b					
ु हि	c	Fundraising events	1c					
7 <u>=</u>	d	Related organizations	. 1d	199,408				
<u>8</u> .	e	Government grants (contributions)	1e	14,755				
复	f	All other contributions, gifts, grants				İ	j	
₹	g	similar amounts not included abov Noncash contributions included in I						
<u> </u>	_	Total. Add lines 1a-1f	•		214,163			
, 10		Total. Add filles 1a-11		Business Code	211,103			
E E	2a			Business Code				
eve.		Patient Services		900099	6,062,516	6,062,516		
or GE	Ь	Rental Income		900099	15,600	15,600		
rwc	q							
<u> </u>	d							
13 E	e f	All other program service re	.vanua					
Program Service Revenue	f	All other program service re	venue					
	_	Total. Add lines 2a-2f .			6,078,116			
	3	Investment income (including			78,665		234	78,431
	4	and other similar amounts) Income from investment of tax-ex		-	78,663		234	76,431
		Royalties		ŀ	0			
		Noyuntes	(ı) Real	(II) Personal				
	6a	Gross Rents		, ,				
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	170,815					
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
		Gain or (loss)	170,815		470.045			.=0.045
		Net gain or (loss)			170,815			170,815
ַ עַ	ва	Gross income from fundraisi (not including	ng events					
		\$						
		of contributions reported on See Part IV, line 18						
<u>.</u>			а					
		Less direct expenses .			_			
`		Net income or (loss) from fu			0			
			activities See Part IV, line 19 .					
		Net income or (loss) from ga		ь	0			
		Gross sales of inventory, les						
		returns and allowances .						
	h		a					
		Less cost of goods sold . Net income or (loss) from sa			0			
	_	Miscellaneous Revenue	,	Business Code				
	11a	a Insurance		524298	25,000			25,000
		D Cafeteria		722100	4,735			4,735
		Medical Records		541200	492			492
		Revenue/Transcription			<u>-</u>			
		d All other revenue			269			269
	е	Total. Add lines 11a-11d			30,496			
	12	Total revenue. See Instruct	ions •	ŀ				
		. Jean revenuer Jee Instruct			6,572,255	6,078,116	234	279,742
							ı orm 990 (2	010)

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,146			<u>'</u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	102,009		102,009	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,398,158	2,325,155	73,003	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	131,710	115,905	15,805	
9	Other employee benefits	558,516	519,420	39,096	
10	Payroll taxes	161,458	150,156	11,302	
а	Fees for services (non-employees) Management	0			
ь	Legal	0			
С	Accounting	21,685		21,685	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	627,543	527,136	100,407	
12	Advertising and promotion	0			
13	Office expenses	828,567	729,139	99,428	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	164,694	159,753	4,941	
17	Travel	15,714	8,328	7,386	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	235	200	35	
20	Interest	0			
21	Payments to affiliates	184,844	184,844		
22	Depreciation, depletion, and amortization	150,602	146,084	4,518	
23	Insurance	7,711	7,711		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BAD DEBT EXPENSE	49,879	49,879		
b	REPAIRS AND MAINTENANCE	85,672	85,672		
c	SALES TAX	34,481	34,481		
d	DUES AND SUBSCRIPTIONS	8,556	7,517	1,039	
e	EDUCATION	5,260	4,659	601	
f	All other expenses	3,120	2,904	216	
25	Total functional expenses. Add lines 1 through 24f	5,543,560	5,062,089	481,471	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	one transfer and transfe	i	I		

Part X Balance Sheet (A) (B) Beginning of year End of year 277 256 1 Cash—non-interest-bearing 1 1.580.995 2 623.941 2 Savings and temporary cash investments 3 3 2,563,147 4 2,392,104 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 4ssets 7 Notes and loans receivable, net 8 71,140 83,880 Prepaid expenses and deferred charges 13,029 13,966 10a Land, buildings, and equipment cost or other basis Complete 5.574.774 10a Part VI of Schedule D 10b 4.407.568 ь Less accumulated depreciation 1,164,356 **10c** 1,167,206 11 11 2,347,744 12 3,922,701 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 7,740,688 16 8,204,054 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 934.159 17 127,157 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 2.360.645 25 2,272,081 Other liabilities Complete Part X of Schedule D 26 3.294.804 26 2,399,238 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 4,445,884 5,652,893 Temporarily restricted net assets ol 151,923 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 4,445,884 33 5,804,816 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 7.740.688 8,204,054

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,5	572,25
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,543,56		
3	Revenue less expenses Subtract line 2 from line 1	3			028,69
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,4	145,88
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3	330,23
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,8	304,81
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Getty	sburg M	ledical Center									
		46-0234354									
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instru	ıctıons								
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)									
1	Г	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	굣	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(iii). Ente	r the							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental un	nit describe	ed in							
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from t described in section 170(b)(1)(A)(vi) (Complete Part II)	he general	public	:						
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hip fees, a	nd gro	SS						
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less section 511 tax)	from busin	esses							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).									
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to calone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Chec						
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)									
f g		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III s check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the	upporting o	rganız	ation,						
_		following persons?									
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No						
		and (III) below, the governing body of the the supported organization?	11g(i)								
		(ii) a family member of a person described in (i) above?	11g(ii)								
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)								
h		Provide the following information about the supported organization(s)									

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support	
			Yes	No	Yes	No	Yes	No		
Total										

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

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

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16 Public support percentage from 2009 Schedule A, Part III, line 15		16						
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493124006132

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
. 0 504/ \/ 11 1 504/ \/ 10\/ 1 0 1 B 1 A 10 1 B

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

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

● Se If th ● Se	ction 501(c)(3) organizations that e organization answered "Ye ction 501(c)(4), (5), or (6) organi	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr zations Complete Part III	nder section 501(h)) Complete Part II-B Do n m 990-EZ, Part V, line 35a	ot complete Part II-A (Proxy Tax), then			
	me of the organization tysburg Medical Center			Employer iden	tification number			
				46-0234354				
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	c) or is a section 527	organization.			
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaıgn actı	ivities in Part IV				
2	Political expenditures			▶	\$			
3	V olunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).				
1	•	e tax incurred by the organization und			\$			
2	·	e tax incurred by organization manage			\$			
3		ection 4955 tax, did it file Form 472			□ Yes □ No			
4a	Was a correction made?		,		☐ Yes ☐ No			
ь	If "Yes," describe in Part IV				, ,			
Par		ganization is exempt under	section 501(c	e) except section 50:	L(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$			
2	Enter the amount of the filing o	organization's funds contributed to otl	ner organizations	for section 527	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	\$			
4	Did the filing organization file F	Form 1120-POL for this year?						
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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

		(;	a)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		1,100
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		1,655
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		336
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			3,091
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	_1_	L
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		Γ
	expenses for which the section 527(f) tax was paid).		ļ
_	Current very	2a	l

- a Current year
- **b** Carryover from last year
- **c** lota
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation							
Lobbying Activities Explanation		1b, 1d, 1g Gettysburg Medical Center participated in lobbying through Letters, phone calls and visits from the Executive Director and other employees. Topics were related to health care and covered both local and state healthcare issues. 1f The PORTION OF ORGANIZATIONAL DUES THAT ARE RELATED TO LOBBYING IS AS FOLLOWS. AMERICAN HOSPITAL ASSOCIATION. \$26, CATHOLIC HEALTHCARE ASSOCIATION. \$79 AND SOUTH DAKOTA ASSOCIATION. OF HOSPITALS. \$1,550							

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493124006132

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

	ne of the organization ysburg Medical Center	Employer identification number						
Jell	y swarg Predical Center		46-0234354					
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99				t s. Complete	e if the		
		(a) Donor advised funds	(b) Funds and	other accoun	ts		
	Total number at end of year							
	Aggregate contributions to (during year)							
	Aggregate grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-	or advi	sed	☐ Yes	┌ No		
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	┌ No		
ar	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	n 990, Part 1	IV, line 7.			
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	d historic stru	· ·			
	easement on the last day of the tax year	Г		Held at th	e End of the '	Vear		
а	Total number of conservation easements	<u> </u>	2a	ricia at th	ie Liiu or the	ı caı		
b	Total acreage restricted by conservation easements	<u> </u>	2b					
c	Number of conservation easements on a certified his	<u> </u>	2c					
d	Number of conservation easements included in (c) a	` '	2d					
	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminated	d by th	e organızatıoı	n during			
	Number of states where property subject to conserva	ation easement is located ►	_					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of	violations, ar	nd	┌ No		
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents du	ırıng the year	*			
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year 🟲 \$				
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	tion		┌ Yes	┌ No		
	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	staten	nents that des	scribes			
a r	Organizations Maintaining Collection Complete if the organization answered		or Oth	ner Similar	Assets.			
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h ın fuı			,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			•			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$				
	(ii) Assets included in Form 990, Part X			► \$				
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan					
а	Revenues included in Form 990, Part VIII, line 1			► \$				
b	Assets included in Form 990, Part X			► \$				

Par	t 🚻 Organizations Maiı	ntaining Co	ollections of Ar	t, His	tori	<u>cal Tre</u>	easu	res, or C	<u> the</u>	<u>r Similar As</u>	ssets (continued)
3	Using the organization's acces items (check all that apply)	sion and othe	r records, check an	y of th	e foll	owing th	nat are	e a signific	ant u	se of its collec	tıon	
а	Public exhibition			d	\vdash	Loan o	rexch	nange prog	rams			
b	Scholarly research			e	Γ	Other						
c	Preservation for future ger	nerations										
4	Provide a description of the org	ganızatıon's c	ollections and expla	aın hov	v the y	/ further	the o	rganızatıor	n's ex	empt purpose	ın	
5	During the year, did the organi assets to be sold to raise fund									nılar	┌ Yes	┌ No
Par	rt IV Escrow and Custoo Part IV, line 9, or rep							answere	d "Y	es" to Form '	990,	
1a	Is the organization an agent, to included on Form 990, Part X?	rustee, custoo	dian or other interm	ediary	for c	ontribut	ions c	or other ass	sets	not	☐ Yes	┌ No
b	If "Yes," explain the arrangem	ent in Part XI'	V and complete the	follow	ing ta	able		-				
										Aı	mount	
C	Beginning balance								1 c			
d	Additions during the year							L	1d			
е	Distributions during the year								1e			
f	Ending balance								1f			
2a	Did the organization include ar	amount on F	orm 990, Part X, lın	e 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangeme	ent in Part XI\	/									
Pa	rt V Endowment Funds	. Complete										
			(a)Current Year	(b)	Prior \	/ear	(c)Tw	o Years Back	(d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance .											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs	·										
f	Administrative expenses .											
g	End of year balance											
2	Provide the estimated percent	age of the yea	r end balance held	as		<u>_</u>					I	
а	Board designated or quasi-end	owment 🕨										
ь	Permanent endowment 🕨											
	Term endowment											
c 3a	Are there endowment funds no	t in the nosse	ssion of the organiz	ation f	thata	re held	and a	dministere	d for	the		
-	organization by	· ··· · ··· · · · · · · · · · · · · ·	ooron or the organiz				uu				Yes	s No
	(i) unrelated organizations .									3a	(i)	
	(ii) related organizations .									3a	(ii)	
b	If "Yes" to 3a(11), are the relate	-	•						•	3	b	
4	Describe in Part XIV the inten											
Par	rt VI Investments—Land	d, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 99	90, Pa	rt X, line	10.	Γ		
	Description of inves	tment) Cost or (is (investr		(b)Cost or obasis (oth		(c) Accumulate depreciation	d (d)	Book value
1a	Land							9;	2,986			92,986
b	Buildings			•				4,090	0,232	3,542,7	06	547,526
c	Leasehold improvements			•				9:	1,060	65,4	59	25,601
d	Equipment							1,180	0,117	728,2	70	451,847
e	Other							120	0,379	71,1	33	49,246

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		·
2)Closely-held equity interests		
(3)O ther		
(A) CHI OIP - Fixed Income	1,857,108	
(B) CHI OIP - Equity Securities	2,065,593	
b) ciri ori - Equity Securities	2,003,393	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-11	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	+	Cost of end-of-year market value
	-	
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip		(b) Book value
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	·
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Intercompany Liabilities	2,184,796	
Check Clearing	69,325	
Unapplied Apartment Deposits	10,915	
LTC AP Resident Trust	6,920	
Unclaimed Property	125	
a	123	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,272,081	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per I	Return
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	↓	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		•

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

additional information

Ident if ier	Return Reference	Explanat ion
FIN 48 (ASC 740) Footnote		GETTYSBURG MEDICAL CENTER'S financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2011 reads as follows "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax As of June 30, 2011, CHI has current net deferred tax assets of \$2 1 Million and a noncurrent net deferred tax liability of \$5 4 million related to these taxable activities Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements "

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Gettysburg Medical Center

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

Hospitals

Employer identification number

					46-	0234354			
Pa	rt I Financial Assista	nce and C	ertain Oth	er Community Be	nefits at Cost				
								Yes	No
1a	Did the organization have a fi	nnancial assi	stance policy	during the tax year? I	f "No," skip to questio	n 6a .	1a	Yes	
b	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip assistance policy to its vario			-	describes application o	of the financial			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	·							
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year								
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care								Νο
	Г 100%	F 20	о% Г	O ther	<u>%</u>				
ь	Does the organization use FP	G to determin	ne eligibility f	or providing <i>discounted</i>	care to low income inc	dividuals? If			
	"Yes," indicate which of the fo						3b		Νο
	□ 200% □ 250%	┌ 30	о% Г	350% Г 40	0% Г Other_	-			
_	TEAL	EDC +							
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description wh	nether the organization				
4	Did the organization's financi		•	· ·	•	uring the tax year	4	Yes	
provide for free or discounted care to the "medically indigent"?									İ
b									
c	If "Yes" to line 5b, as a resul					-	5b		N o
•	care to a patient who was elig	_			•		5c		
6a	Does the organization prepare a community benefit report during the tax year?							Yes	
6b	If "Yes," did the organization			ublic?		L	6b	Yes	
	Complete the following table worksheets with the Schedule	-	ksheets prov	ided in the Schedule H	instructions Do not s	ubmit these			
7	Financial Assistance and C	ertain O ther	Community I	Benefits at Cost		•			
ı	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ber expense		(f) Pero total ex	
а	Financial Assistance at cost (from Worksheets 1 and 2)		38	44,894		44.	894	0	820 %
b	Unreimbursed Medicaid (from		99	1,616,912	1,490,886	126,			290 %
с	Worksheet 3, column a) Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		99	1,010,912	1,470,000	120,	020		290 70
d	Total Financial Assistance and Means-Tested Government Programs		137	1,661,806	1,490,886	170,	920	3	110 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			1,600		1,	600	0	030 %
f	Health professions education (from Worksheet 5)								
g	Subsidized health services (from Worksheet 6)			3,804,406	3,427,586	376,	820	6	860 %
h i	Research (from Worksheet 7) Cash and in-kind contributions to community groups (from Worksheet 8)								
jТ	(from Worksheet 8) Total Other Benefits			3,806,006	3,427,586	378,	420	6	890 %
-	Fotal. Add lines 7d and 7j		137	5,467,812	4,918,472	549,	_		000 %

Pa	rt II Community Building activities during the of the communities in	tax year, an								ıldıng	age 2 alth
	or the communices	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) D	(d) Direct offsetting revenue		(e) Net communit building expense		(f) Perce total exp	
1	Physical improvements and housing										
2	Economic development			2,500				2,	500	0	050 %
3	Community support			47,725	<u> </u>			47,	725	0	870 %
4	Environmental improvements										
5	Leadership development and training for community members										
6	Coalition building			6,000				6,	000	0	110 %
7	Community health improvement advocacy										
8	Workforce development			3,925			_	3	925	0	070 %
9	Other			3,323				٥,	J23		070 70
10	Total			60,150)			60,	150	1	100 %
Sect 1 2 3	ion A. Bad Debt Expense Did the organization report ba Statement No 15? Enter the amount of the organ Enter the estimated amount of	 ızatıon's bad d	ebt expense (a	 t cost)		anagem 2	ent Ass	sociation • • • 42,552	1	Yes	No
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portio	e under the org the footnote to ing methodolog	ganization's fina the organization	ancial assistance po on's financial statem rmining the amounts	ents tha			•			
	ion B. Medicare										
5	Enter total revenue received f		•	•		6		2,665,479			
6 7	Enter Medicare allowable cost Subtract line 6 from line 5 Th					7		2,142,674 522,805			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes Cost accounting system	t to which any osting method the method us	shortfall reporto	ed in line 7 should be used to determine	e treate	d as com		benefit .			
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt co	ollection policy?						9a	Yes	
b	If "Yes," does the organization patients who are known to qua								9b	Yes	
Pa	rt IV Management Com				iibe iii r	aitvi	• •			1.00	
	(a) Name of entity	(t	D) Description of pr activity of entity		c) Organı profit % c ownersh	r stock	em	Officers, directors, crustees, or key ployees' profit % stock ownership%	pr	e) Physic ofit % or ownership	stock
1											
2											
3											
4											
5											
6											
7											
8											
9											
10									T		
11		1									
12											
		+					+		+		

Part	V Facility Information									
Section A. Hospital Facilities (list in order of size, measured by total revenue per facility, from largest to smallest)		Licensed hospital	General medical	Children's hospital	Teaching hospital	Critical access hospita	Research facility	ER-24 hours	ER-other	
	nany hospital facilities did the organization operate during x year? 1	otal	al & surgical	pta	of a	s hospital	ity			
Name	and address									Other (Describe)
1	Gettysburg Memorial Hospital 606 East Garfield Gettysburg, SD 57442	х				х		х		
		-								
		-	-							
						-		-		
			I		1	I		I		l

How i	many non-hospital facilities did the organiz	ation operate during the tax year?2
Name	and address	Type of Facility (Describe)
_	Oahe Manor 700 East Garfield Gettysburg, SD 57442	Intermediate Nursing Home
2	Oahe Manor 700 East Garfield Gettysburg, SD 57442	Intermediate Nursing Home
- -		
-		
-		
.0		

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6j, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 5 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE	SCH H, PART I, Q 3C	If applicable, describe the income-based criteria for determining eligibility for free or discounted care under the organization's financial assistance policy. When Catholic Health Initiatives (the ultimate parent organization to Gettysburg Medical Center) established its charity care policy it was determined that establishing a household income scale based on the HUD very low income guidelines more accurately reflects the socioeconomic dispersions among the 69 urban and rural communities in 19 states served by CHI hospitals and health care facilities. In comparing HUD guidelines to the Federal Poverty Guidelines ("FPG"), we find that on average HUD guidelines compute to approximately 200% to 250% (and sometimes 300%) of FPG. Gettysburg Medical Center bases its charity care eligibility on HUD's 130% of Very Low Income Guidelines for the county in which the patient resides. This provides patients of Gettysburg Medical Center the ability to obtain charity care write-offs, based on a sliding scale, ranging from 25%-100% of charges. Also describe whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. An individual's income under the HUD guidelines is a significant factor in determining eligibility for charity care. However, in determining whether to extend discounted or free care to a patient, the patient's assets may also be taken into consideration. For example, a patient suffering a catastrophic illness may have a reasonable level of income, but a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's basic financial (and ultimately physical) well being and survival. Such a patient may be extended discounted or free care based upon the facts and circumstances.

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	SCH H, FART I, LINE OA	If the organization's community benefit report is contained in a report prepared by a related organization, rather than in a separate report prepared by the organization, identify the related organization Gettysburg Medical Center prepares its own annual written community benefit report. Its community benefit report is not contained in that of a related organization

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCH H, PART I, Q 7, COLUMN (F)	If applicable, state the bad debt expense included on Form 990 Part IX, line 25, column (A) but subtracted for purposes of calculating the percentage in this column. Total bad debt expense reported on Form 990 Part IX, line 25, Column A. was \$49,879

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE	SCH H, PART I, Q 7	Provide an explanation of the costing methodology used to calculate the amounts reported in the table. If a cost accounting system was used, indicate whether the cost accounting system addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured or self pay). Also indicate whether a cost-to-charge ratio was used for any of the figures reported in the table. Describe whether this cost-to-charge ratio was derived from Worksheet 2, and, if not, what kind of cost-to-charge ratio was used and how it was derived. If some other costing methodology was used besides a cost accounting system, cost-to-charge ratio, or a combination of the two, describe the method used. A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using the organization's cost-to-charge ratio. The cost-to-charge ratio covers all patient segments. The cost-to-charge ratio for the year ended 6/30/11 was computed using the following formula. Operating expense (before restructuring, impairment and other losses) divided by gross patient revenue. Based on that formula, this results in a % cost-to-charge ratio. Worksheet 2 was not used to derive the cost-to-charge ratio.

Identifier	ReturnReference	Explanation
	SCH H, PART III, Q 4	Provide the rationale and the costing methodology used to determine the amount reported in Part III, lines 2 and 3 Describe how the organization accounts for discounts and payments on patient accounts in determining bad debt expense Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of % When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense. Also describe the method the organization uses to determine the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under the hospital's financial assistance policy, if sufficient information has been available to make a determination of their eligibility. Describe the rationale, if any, for including any portion of bad debt as community benefit. Also provide, if applicable, the text of the footnote to the organization's financial statements that describes bad debt expense. If the organization's financial statements include a footnote on these issues that also includes other information, report only the relevant portions of the footnote. If the organization's financial statements do not contain such a footnote, state that the organization's financial statements do not contain such a footnote, state that the organization's financial statements do not include such a footnote and explain how the financial statements account for bad debt, if at all. Gettysburg Medical Center does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care. Gettysburg Medical Center does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of Cat
		debts and to establish appropriate allowances for uncollectible net patient accounts receivable

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT & METHODOLGY FOR DETERMINING MEDICARE COSTS	SCH H, PART III, Q 8	Describe the costing methodology used to determine the Medicare allowable costs reported in the organization's Medicare Cost Report, as reflected in the amount reported in Part III, line 6 Gettysburg Medical Center is designated as a Critical Access Hospital ("CAH") CAHs are rural community hospitals that are certified to receive cost-based reimbursement from Medicare The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures CAHs are certified under a different set of Medicare Conditions of Participation (CoP) Shortfalls are created when a facility receives payments that are less than the costs of caring for program beneficiaries Shortfalls are based on costs, not charges Gettysburg Medical Center, due to their designation as a CAH, received cost-based reimbursement for Medicare purposes. Accordingly, Gettysburg Medical Center will not experience Medicare related shortfalls Describe, if applicable, the extent to which any shortfall reported in Part III, line 7 should be treated as a community benefit, and the rationale for the organization's position Gettysburg Medical Center believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons. Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations. In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics. Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program. The Medicare Payment Advisory Commission (MedPAC), an independent Congress accordingly. Though Medicare beneficiaries receive. The commission recommends payment adjustments to Congress accordingly. Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Heal

COLLECTION PRACTICES FOR SO		
PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE	Permitter in the second	If the organization has a written debt collection policy and answered "Yes," to Part III, line 9b, describe the collection practices set forth in the policy that apply to patients who it knows qualify for financial assistance, whether or not such practices apply specifically to such patients or more broadly to also cover other types of patients. Gettysburg Medical Center's debt collection policy provides that Gettysburg Medical Center will perform a reasonable review of each inpatient account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment, to assure that the patient and patient guarantor are not eligible for any assistance program (e.g. Medical) and do not qualify for coverage through Gettysburg Medical Center's community assistance policy. After having been turned over to a third-party collection agent, any patient account that is subsequently determined to meet the Gettysburg Medical Center community assistance policy is required to be returned immediately by the third-party collection agent to Gettysburg Medical Center for appropriate follow-up. Gettysburg Medical Center requires its third-party collection agents to include a message on all statements indicating that if a patient or patient guarantor meets certain stipulated income requirements, the patient or patient guarantor may be eligible for financial assistance. All of Catholic Health Initiatives' hospitals' contracts with third party collection agencies include the following standards. Neither CHI hospitals nor their collection agencies will request bench or arrest warrants as a result of non-payment, - Neither CHI hospitals nor their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and - No Catholic Health Initiatives' collection agency may seek court action without hospital approval. Finally, collection agencies are trained on the Catholic Health Initiatives will patients are

Identifier	ReturnReference	Explanation
NEEDC ACCECCMENT 9	SCH H, PART VI, Q 1, 2, 4 AND 5	Explanation The Gettysburg Memorial Hospital was founded in 1948 with its doors opening in 1952. To strengthen the organization, the previously leased buildings, O ahe Manor, O ahe Villa and the Community Care Clinic joined the Gettysburg Medical Center in 1999. As the first Catholic hospital to serve the community and later primary care clinic and long term care facilities, Gettysburg Medical Center embraced the mission of the founding religious congregation, which has joined with other religious congregations to form Catholic Health Initiatives. The mission of Gettysburg Medical Center is to develop a healthy community and provide care to all in need. Community service has always been at the core of Gettysburg Medical Center activities. Each year, services and programs are expanded to promote a healthy community. The programs and services described throughout this report not only serve the community but also reduce the burdens on the government. For example, if Gettysburg Medical Center did not provide charity care, the burden of providing charity care would fall on area country poor relief programs. To live out the Mission of Gettysburg Medical Center will on the mission of Gettysburg Medical Center will persons regardless of ability to pay - an open medical staff with privileges available to all qualified health care providers in the area - a governing body in which independent persons representative of the community and area comprise a majority - Participate in Medicaid, Medicare, CHAMPUS, Tricare and/or other government sponsored health care programs. The Gettysburg Medical Center serves the counties of Potter, Sully, Faulk, and Dewey, with a general service area population of 2,500. As a frontier community primarily supported by agriculture we serve both a high risk industry and an aging region, the health status of people we serve includes, but is not limited to, CHF, diabetes, cancer, orthopedic conditions, dementia, and other geratir callments. To ensure the highest caces and quality to health servic
		with other community based service organizations for the promotion of a healthier community

Identifier	ReturnReference	Explanation
PATIENT ELIGIBILITY FOR ASSISTANCE	SCH H, PART VI, Q 3	Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy. Gettysburg Medical Center prominently displays its financial assistance policy in both English and Spanish in obvious locations throughout the hospital, including the emergency rooms and other patient intake areas, as well as in Gettysburg Medical Center's outpatient facilities. In addition, Gettysburg Medical Center's registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for financial assistance under Gettysburg Medical Center's financial assistance policy. Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the financial assistance policy and procedures including an application for assistance Gettysburg Medical Center registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non English-speaking individuals. Gettysburg Medical Center's staff will also assist the patient/guarantor with applying for other available coverage (such as Medicaid), if necessary. Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies.

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCH H, PART VI, Q 6	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served Gettysburg Medical Center, along with its affiliated outpatient facilities are part of Catholic Health Initiatives Catholic Health Initiatives ("CHI") is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. CHI serves as the parent corporation of its MBOs which are comprised of 7.3 hospitals, 40 long-term care, assisted- and residential-living facilities, two community health-services organizations, two accredited nursing colleges, and home health agencies. Together, these facilities provided \$6.12 million in charity care and community benefit in the 20.11 fiscal year, including services for the poor, free clinics, education and research. CHI provides strategic planning and management services as well as centralized "shared services." for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain provides economies of scale and purchasing power to the MBOs. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community

society

Schedule H (Form 990) 2010

outreach services to the most vulnerable members of our

DLN: 93493124006132

Employer identification number

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Gettysburg Medical Center

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

		46-0234354			
Pa	rt I Questions Regarding Compensation	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	·			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemen	ental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	pased compensation arrangement?	4c		Νo
		rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of		7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9		e rebuttable presumption procedure described in Regulations			140

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Chad Cooper	(I) (II)	239,243	80,161	22,005	41,828	13,520	396,757		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	SCHEDULE J, PART I, Q 3	Compensation for the top management official was established and paid by Catholic Health Initiatives ("CHI"), a related organization CHI used the following to establish the top management official's compensation (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee
	SCH J, PART I, Q 4A	Post-termination payments are addressed in executive employment agreements for Catholic Health Initiatives ("CHI") and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. No reportable individuals received severance payments from CHI during the 2010 calendar year.
•	SCH J, PART I, Q 4B	During the 2010 calendar year Catholic Health Initiatives ("CHI"), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs and other CHI employees at the level of Senior Vice President and above. The following reportable individuals were eligible to participate in that plan. Chad Cooper. During 2010 the following contributions were made by CHI to the deferred compensation plan. Chad Cooper \$21,600.

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493124006132

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-FZ.

2010
Open to Public

Internal Revenue Service	► Attach to Form 990 or 990-EZ.	Inspection
Name of the organizat Gettysburg Medical Center	on	Employer identification number
		46-0234354

Identifier	Return Reference	Explanation
EXECUTIVE COMMITTEE	FORM 990, PART VI, Q 1A	THE EXECUTIVE COMMITTEE CONSISTS ONLY OF DIRECTORS OF THE CORPORATION AND IS COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, AND THE PRESIDENT AND EXECUTIVE DIRECTOR, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATE MEMBER, EACH OF WHOM SERVE AS EX OFFICIO VOTING MEMBERS OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT THE ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIODS BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT THEIR ACTIONS ARE CONSISTENT WITH ANY ACTIONS OR POLICIES OF THE BOARD OR THE CORPORATE MEMBER ALL ACTIONS TAKEN ARE CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE BOARD AT THE EARLIEST MEETING

ldentifier	Return Reference	Explanation
Organization's Corporate	FORM 990, PART	THE SOLE MEMBER OF THE ORGANIZATION IS ST MARY'S HEALTHCARE CENTER,
Members/ Stockholders	VI, Q 6	A SOUTH DAKOTA NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
Members/Stockholders Electing Governing Body	FORM 990, PART VI, Q 7A	THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Approval of Governing Body Decisions by Members/Stockholders	FORM 990, PART VI, Q 7B	THE ORGANIZATION'S CORPORATE MEMBER IS ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BY LAWS, BOTH ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA AND CATHOLIC HEALTH INITIATIVES ("CHI") (ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA AND CATHOLIC HEALTH INITIATIVES ("CHI") (ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA BOARD - APPROVE MEMBERS OF THE GETTYSBURG MEDICAL CENTER BOARD - AMENDMENT OF THE CORPORATE DOCUMENTS OF GETTYSBURG MEDICAL CENTER - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF GETTYSBURG MEDICAL CENTER - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR GETTYSBURG MEDICAL CENTER THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF GETTYSBURG MEDICAL CENTER - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF GETTYSBURG MEDICAL CENTER - APPROVAL OF A PROVAL OF GETTYSBURG MEDICAL CENTER - APPROVAL OF FORMATION OF GETTYSBURG MEDICAL CENTER IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY GETTYSBURG MEDICAL CENTER - APPROVAL OF A MERGER INVOLVING GETTYSBURG MEDICAL CENTER - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF GETTYSBURG MEDICAL CENTER - TO REQUIRE THE TRANSFER OF ASSETS BY GETTYSBURG MEDICAL CENTER TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BYLAWS, ST MARY'S HEALTHCARE CENTER OF PIERRE, SOUTH DAKOTA OR CHI MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DE

ldentifier	Return Reference	Explanation
Process the Organization uses to review form 990	FORM 990, PART VI, Q 11B	ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER THE CHIEF FINANCIAL OFFICER EITHER PRESENTS THE RETURN TO THE BOARD AT A BOARD MEETING OR AN ELECTRONIC COPY OF THE RETURN IS SENT TO EACH BOARD MEMBER FOR THEIR REVIEW SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED

ldentifier	Return Reference	Explanation
Procedures for Monitoring and Enforcing the COI Policy	FORM 990, PART VI, Q 12C	ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IN ADDITION, ANY BOARD MEMBER WITH A CONFLICT IS REQUIRED TO DECLARE THE CONFLICT AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING THE ENTIRE BOARD OR COMMITTEE DETERMINES WHETHER THE AFFECTED BOARD MEMBER SHOULD BE EXCLUDED FROM VOTING AND DISCUSSIONS DUE TO THE DISCLOSED CONFLICT

ldentifier	Return Reference	Explanation
Process for Determining CEO's Compensation	FORM 990, PART VI, Q 15A	The organization's CEO's compensation is paid by CHI CHI has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting. The last review was September, 2011. In addition, in December 2009, Hay Group completed a comprehensive review of all positions at the level of vice president and above to determine and validate appropriate compensation levels.

ldentifier	Return Reference	Explanation
Process for Determining Compensation - Officers/Key Employees	PART VI, Q	THE ORGANIZATION USES A THIRD-PARTY CONSULTANT TO SURVEY COMPENSATION TRENDS ANNUALLY AND RECOMMEND COMPENSATION RANGES FOR OTHER MANAGEMENT OFFICIALS THESE RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR FINAL DETERMINATION AND APPROVAL THE SALARIES ARE COMPARED TO INDUSTRY STANDARDS AND GUIDELINES FOR APPROPRIATENESS

ldentifier	Return Reference	Explanation					
Public Inspection of Documents	FORM 990, PART VI, Q 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC					

ldentifier	Return Reference	Explanation
Estimate of Hours	FORM 990, PART VII	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PERWEEK EMPLOYEES

ldentifier	Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Q 5	UNREALIZED GAIN/LOSS \$330,237

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493124006132

OMB No 1545-0047

Employer identification number

46-0234354

2010

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization Gettysburg Medical Center Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990.
 ★ See separate instructions.

Part I Identification of Disregarded Entities (Comple	te if the organization	n answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	rations (Complete le tax year.)	if the organization	n answered "Yes"	on Form 990, Part	IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 12(b)(13 rolled uzation
See Additional Data Table						Yes	No
See Additional Data Table							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 5	0135Y		Schedule R (Form 990)	2010

Part III Identifi because				ble as a Partner reated as a partne					answe	ered "Y	es" on Fo	rm 990,	Part :	[V, lır	ie 34																																																																																						
ame, address, and EIN of related organization Primary activity domicile (state of foreign		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) (f) Share of total income																Share of end-of-year		are of end-of-year		(g) Dispresent alloc		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year assets		(g) f end-of-year Dispri		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year) ortionate ions?	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
									Yes	No			Yes	No																																																																																							
See Additional Data Table																																																																																																					
				ble as a Corpora ations treated as a							swered "Y	es" on l	Form	990,	Part IV,																																																																																						
Name, address, and	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		entity (C corp, S		(e) Type of er (C corp, S or trust	corp,			(g) Share of end-of-year assets			(h) Percentage ownership																																																																																						
See Additional Data Table																																																																																																					

Schedule R (Form 990) 2010			Pag	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35	5, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		١	es	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	а		No
b Gift, grant, or capital contribution to other organization(s)	1b	ь		No
c Gift, grant, or capital contribution from other organization(s)	10	c \	es /	
d Loans or loan guarantees to or for other organization(s)	10	d		No
e Loans or loan guarantees by other organization(s)	1e	e		No
f Sale of assets to other organization(s)	1f	F		No
g Purchase of assets from other organization(s)	1 g	g		No
h Exchange of assets	1h	h		N
i Lease of facilities, equipment, or other assets to other organization(s)	1i	i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1 j	j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	11	ı '	es /	
m Sharing of facilities, equipment, mailing lists, or other assets	1n	m		No
n Sharing of paid employees	1n	n		No
Reimbursement paid to other organization for expenses	10	o 1	es /	
p Reimbursement paid by other organization for expenses	1 p	р		No
q Other transfer of cash or property to other organization(s)	10	9		No
r Other transfer of cash or property from other organization(s)	1r	r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Catholic Health Initiatives	I	71,586	
(2) Catholic Health Initiatives	o	103,106	
(3) CHI NATIONAL FOUNDATION	С	199,408	
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile (d) Are all partner section 501(c)(3 organization		(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

EIN: 46-0234354

Name: Gettysburg Medical Center

Form 990, Schedule R, Part II - Identification of Rela	ted Tax-Exempt Or	ganizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(1 contro organiz	n 512 13) olled
						Yes	No
Catholic Health Initiatives							
198 Inverness Drive West Englewood, CO80112 47-0617373	Healthcare	СО	501(c)(3)	9	СНІ		
Bornemann Healthcare Corporation							
2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	СНІ		
CHI Institute For Research and Innovatio							
198 Inverness Drive West Englewood, CO80112 27-1050565	Healthcare	СО	501(c)(3)	11a	CHI		
CHI National Foundation							
198 Inverness Drive West Englewood, CO80112 27-0930004	Fundraising	СО	501(c)(3)	11a	CHI		
CHI National Services							
198 Inverness Drive West Englewood, CO80112 45-2532084	Healthcare	со	501(c)(3)	9	СНІ		
CHI National Home Care							
198 Inverness Drive West Englewood, CO80112 45-1261716	Healthcare	СО	501(c)(3)	11a	СНІ		
Global Health Initiatives							
198 Inverness Drive West Englewood, CO80112 20-1536108	Ministries	СО	501(c)(3)	11a	CHI		
St Joseph Physician Enterprises							
7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	CHI		
St Vincent Infirmary Medical Center							
2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ		
St Anthony's Hospital Association							
4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC		
St V Incent Foundation							
Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC		
St Vincent Medical Group							
2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC		

Form 990, Schedule R, Part II - Identification of Re					I		_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13) olled
				ļ		Yes	No
CHI Colorado					CHI		
188 Inverness Drive West Englewood, CO80112 84-0405257	Healthcare	СО	501(c)(3)	3	СНІ		
Mercy Regional Medical Center of Durango							
1010 Three Springs Blvd Durango, C081301 84-0405515	Healthcare	СО	501(c)(3)	3	СНІ		
Catholic Health Initiatives Colorado Fou							
961 East Colorado Avenue Colorado Springs, CO80903 84-0902211	Fundraising	СО	501(c)(3)	7	CHI Colorado		
Health SET							
4200 West Conejos Place 436 Denver, C080204 84-1102943	Low Inc Care	СО	501(c)(3)	7	CHI Colorado		
Pueblo Stepup							
1925 East Orman Avenue Suite G52 Pueblo, CO81004 84-1234295	Community	СО	501(c)(3)	7	СНІ		
SET of Colorado Springs Inc							
825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO 80 90 3 84-1183335	LTerm Care	со	501(c)(3)	7	CHI Colorado		
Total Healthcare							
PO Box 7021 Colorado Springs, CO 80933 84-0927232	Healthcare	со	501(c)(3)	3	CHI Colorado		
CHI-Iowa Corp							
1111 6th Avenue Des Moines, IA 50314 42-0680448	Healthcare	IA	501(c)(3)	3	MHN		
Bishop Drumm Retirement Center							
1111 6th Avenue Des Moines, IA 50 31 4 42-07 25 19 6	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp		
House of Mercy							
1111 6th Avenue Des Moines, IA 50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp		
Mercy Clinics Inc							
1111 6th Avenue Des Moines, IA 50 31 4 42-119 3 6 9 9	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy College of Health Sciences							
1111 6th Avenue Des Moines, IA50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp		

Form 990, Schedule R, Part II - Identification of	Related Tax-Exempt C	rganizations		1	1	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13) olled
						Yes	No
Mercy Foundation of Des Moines IA							
1111 6th Avenue Des Moines, IA50314 23-7358794	Fundraising	IA	501(c)(3)	7	CHI-IA Corp		
Mercy Auxiliary of Central Iowa							
1111 6th Avenue Des Moines, IA 50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp		
Mercy Professional Practice Associates							
1111 6th Avenue Des Moines, IA 50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy Medical Center - Centerville FKA							
1 St Josephs Drive Centerville, IA 52 54 4 42 - 06 8 0 3 0 8	Healthcare	IA	501(c)(3)	3	CHI-IA Corp		
St Rose Ambulatory and Surgery Center F							
3515 Broadway Great Bend, KS67530 48-0543724	Surgery Cntr	KS	501(c)(3)	3	СНІ		
St Catherine Hospital							
401 East Spruce Street Garden City, KS67846 48-0543721	Healthcare	KS	501(c)(3)	3	СНІ		
St Catherine Hospital Development Found							
401 East Spruce Street Garden City, KS67846 20-0598702	Fundraising	κs	501(c)(3)	11a	SCH		
CHI Kentucky Inc							
3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	кү	501(c)(3)	11a	СНІ		
Saint Joseph Health System Inc							
150 N Eagle Creek Dr Lexington, KY40509 61-1334601	Healthcare	КҮ	501(c)(3)	3	СНІ		
Continuing Care Hospital							
150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	кү	501(c)(3)	3	SJHS		
Flaget Healthcare DBA Flaget Memorial							
4305 New Shepherdsville Road Bardstown, KY40004 61-1345363	Healthcare	кү	501(c)(3)	3	СНІ		
Flaget Memorial Hospital Foundation Inc							
4305 New Shepherdsville Road Bardstown, KY40004 56-2351341	Fundraising	кү	501(c)(3)	11a	FH		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13)
Saint Joseph London Foundation Inc						Yes	No
310 East Ninth Street London, KY40741 26-0438748	Fundraising	KY	501(c)(3)	11a	SJHS		
Saint Joseph Berea Hospital Foundation	Fundraina	KV.	F01(a)(3)	7	SJHS		
305 Estill Street Berea, KY40403 26-0152877	Fundraising	KY	501(c)(3)	/			
St Joseph Hospital Foundation Inc							
305 Estill Street Lexington, KY40504 61-1159649	Fundraising	KY	501(c)(3)	11a	SJHS		
Saint Joseph Medical Foundation Inc							
One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS		
Saint Joseph Mount Sterling Foundation							
50 Sterling Avenue Mount Sterling, KY40353 27-2884584	Fundraising	КҮ	501(c)(3)	7	SJHS		
St Joseph Medical Center Inc							
7601 Osler Drıve Towson, MD21204 52-0591461	Healthcare	MD	501(c)(3)	3	СНІ		
St Joseph Medical Center Foundation In							
7601 Osler Drıve Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC		
Alverna Apartments							
300 SE 8th Avenue Little Falls, MN 56345 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ		
Lakewood Health Center							
600 Main Avenue South Baudette, MN56623 41-0758434	LTerm Care	MN	501(c)(3)	3	СНІ		
St Francis Home							
2400 St Francis Drive Breckenridge, MN56520 41-0729978	LTerm Care	MN	501(c)(3)	9	СНІ		
Appletree Court							
601 Oak Street Breckenridge, MN56520 41-1850500	Senior Homes	MN	501(c)(3)	9	SFH		
St Francis Medical Center							
2400 St Francis Drive Breckenridge, MN56520 41-0695598	Healthcare	MN	501(c)(3)	3	СНІ		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity		n 512 13) folled zation
Healthcare and Wellness Foundation						Yes	No
2400 St Francis Drive Breckenridge, MN56520 76-0761782	Fundraising	MN	501(c)(3)	11a	SFMC		
St Joseph's Area Health Services							
600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Healthcare	MN	501(c)(3)	3	СНІ		
Unity Family Healthcare							
815 2nd Street SE Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	CHI		
St John's Regional Medical Center							
2727 McClelland Blvd Joplin, MO 64804 44-0545809	Healthcare	мо	501(c)(3)	3	СНІ		
Mercy Lifecare Systems							
2727 McClelland Blvd Joplin, MO 64804 43-1305163	Property Mgmt	МО	501(c)(3)	11a	SJRMC		
MNMCH Inc							
220 North Pennsylvania Columbus, KS66725 48-1216238	Healthcare	KS	501(c)(3)	3	SJRMC		
St John's Medical Group							
2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC		
St John's Mercy Regional Foundation							
2727 McClelland Blvd Joplin, MO 64804 43-1308084	Fundraising	МО	501(c)(3)	7	SJRMC		
Alegent Health - Bergan Mercy Health Sys							
7500 Mercy Road O maha, NE68124 47-0484764	Healthcare	NE	501(c)(3)	3	СНІ		
Alegent Health - Mercy Hospital Corning							
PO Box 368 Corning, IA 50841 42-0782518	Healthcare	IA	501(c)(3)	3	АНВМНЅ		
Mercy Health Care Foundation							
PO Box 368 Corning, IA 50841 42-1461064	Fundraising	NE	501(c)(3)	11a	АНМН		
Mercy Hospital Foundation Council Bluff							
800 Mercy Drive Council Bluffs, IA 51503 42-1178204	Fundraising	IA	501(c)(3)	11a	АНВМНЅ		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13)
CHI Nebraska						Yes	No
555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	СНІ		
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Phys Practice	NE	501(c)(3)	11a	CHI Nebraska		
Good Samaritan Hospital PO Box 1990 Kearney, NE68848 47-0379755	HealthCare	NE	501(c)(3)	3	CHI Nebraska		
Good Samaritan Hospital Foundation PO Box 1810 Kearney, NE68848 47-0659443	Fundraising	NE	501(c)(3)	7	GSH		
Catholic Health Care Federation 198 Inverness Drive West Englewood, CO 80112 20-8473567	Jurdic Person	СО	501(c)(3)	11a	СНІ		
Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	N E	501(c)(3)	3	CHI Nebraska		
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Fundraising	N E	501(c)(3)	7	SERMC		
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC		
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	HealthCare	N E	501(c)(3)	3	CHI Nebraska		
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Fundraising	NE	501(c)(3)	7	SFMC		
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Healthcare	N E	501(c)(3)	3	CHI Nebraska		
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Fundraising	NE	501(c)(3)	7	SMH		

Form 990, Schedule R, Part II - Identification of Rei	ted rax-Exempt Or	gamzations				_	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13) olled
						Yes	No
Saint Clare's Health Services Inc							
25 Pocono Road Denville, NJ07834 22-3639733	Management NJ 501(c)(3) 7 CHI						
Saint Clare's Community Care							
66 Ford Road Denville, NJ07834 22-2876836	Healthcare	ΝJ	501(c)(3)	116	SCHS		
Saint Clare's Foundation Inc							
66 Ford Road Denville, NJ07834 22-2502997	Fundraising	ΝJ	501(c)(3)	7	SCHS		
Saint Clare's Hospital							
66 Ford Road Denville, NJ07834 22-3319886	Healthcare	ιν	501(c)(3)	3	СНІ		
St Francis Life Care Corporation							
19 Pocono Road Denville, NJ07834 22-2536017	Elderly Care	NJ	501(c)(3)	9	SCHS		
Visiting Nurse Association of Saint Clar							
191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	9	SCHS		
St Joseph Community Health Services							
300 Central Ave SW Suite 3000W Albuquerque, NM87102 71-0897107	Community	N M	501(c)(3)	11a	СНІ		
CHI Health Connect at Home - Fargo							
4816 Amber Valley Parkway Fargo, ND58104 27-1966847	Healthcare	ND	501(c)(3)	3	СНІ		
Carrington Health Center							
800 North 4th Street Carrington, ND58421 45-0227311	Healthcare	ND	501(c)(3)	3	СНІ		
Lisbon Area Health Services							
905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	СНІ		
Mercy Hospital of Devils Lake							
1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	СНІ		
The Mercy Hospital of Devils Lake Fdn							
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Fundraising	N D	501(c)(3)	11a	MHDL		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr	n 512 13) olled zation
Mercy Hospital of Valley City						Yes	No
570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Healthcare ND 501(c)(3)		3	СНІ			
Mercy Medical Center							
1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	СНІ		
Mercy Medical Foundation							
1301 15th Avenue West Williston, ND58801 45-0381803	Fundraising	ND	501(c)(3)	11a	ММС		
Oakes Community Hospital							
314 South 8th Street Oakes, ND58474 45-0231675	Healthcare	ND	501(c)(3)	3	СНІ		
Oakes Community Hospital Foundation							
314 South 8th Street Oakes, ND58474 71-0966606	Fundraising	ND	501(c)(3)	11a	осн		
St Joseph's Hospital and Health Center							
30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ		
Saint Joseph's Hospital Foundation							
30 West 7th Street Dickinson, ND58601 36-3418207	Fundraising	ND	501(c)(3)	11a	S ЈННС		
Vılla Nazareth Inc							
801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	СНІ		
Samarıtan Health Partners							
2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	он	501(c)(3)	11a	СНІ		
Samarıtan Behavıoral Health							
601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Healthcare	он	501(c)(3)	3	SHP		
Samarıtan Health Foundation							
2222 Philadelphia Drive Dayton, OH45406 23-7296923	Fundraising	он	501(c)(3)	7	SHP		
The Good Samaritan Hospital of Cincinnat							
619 Oak Street Accounting-3 West Cincinnati, OH45206 31-0537486	Healthcare	ОН	501(c)(3)	3	TRI-HEALTH		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr organi	n 512 13) olled
						Yes	No
The Community Limited Care Dialysis Cent 619 Oak Street Accounting-3 West Cincinnati, 0H45206 23-7419853	Dialysis	он	501(c)(2)	none	GSH		
Good Samaritan College of Nursing & Heal 375 Dixmyth Ave Cincinnati, 0H45220 31-1778403	Education	KY	501(c)(3)	2	GHS		
Good Samaritan Foundation of Cincinnati							
619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1206047	Fundraising	он	501(c)(3)	11a	GSH		
Hospital Association for St Joseph Hosp							
7601 Osler Drive Towson, MD21204 52-6050777	Healthcare	MD	501(c)(3)	9	SJMC		
Mercy Medical Center							
2700 Stewart Parkway Roseburg, OR97470 93-0386868	Healthcare	O R	501(c)(3)	3	СНІ		
Centennial Medical Group Inc							
2700 Stewart Parkway Roseburg, OR97470 90-0433062	Physicians	O R	501(c)(3)	9	MMC		
Linus Oakes Inc							
2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	MMC		
Mercy Foundation Inc							
2700 Stewart Parkway Roseburg, OR97470 93-6088946	Fundraising	O R	501(c)(3)	7	ММС		
Mt St Joseph Inc							
3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	O R	501(c)(3)	9	СНІ		
St Anthony Hospital							
1601 SE Court Avenue Pendleton, OR97801 93-0391614	Healthcare	OR	501(c)(3)	3	СНІ		
St Anthony Hospital Foundation							
1601 SE Court Avenue Pendleton, OR97801 93-0992727	Fundraising	OR	501(c)(3)	11a	SA Hospital		
St Dominic at Ontario							
351 SW 9th Street Ontario, OR97914 93-0433692	Healthcare	O R	501(c)(3)	3	СНІ		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Sectio (b)(i contr organi	n 512 13) olled
						Yes	No
St Francis of Baker City							
3325 Pocahontas Road Baker City, OR97814 93-0412495	Healthcare OR 5		501(c)(3)	3	СНІ		
St Joseph Health Ministries							
1929 Lincoln Hwy E Ste 150 Lancaster, PA 17602 23-2342997	Health	alth PA 501(c)(3) 11a CHI					
St Joseph Health Ministries Foundation							
1929 Lincoln Hwy E Ste 150 Lancaster, PA 17602 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM		
St Joseph Health Services Inc							
1929 Lincoln Hwy E Ste 150 Lancaster, PA 17602 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM		
St Joseph Regional Health Network							
2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	СНІ		
St Joseph Medical Group							
2500 Bernville Road PO Box 316 Reading, PA 19603 20-8544021	Healthcare	PA	501(c)(3)	9	ВНС		
St Joseph Medical Center Foundation							
2500 Bernville Road PO Box 316 Reading, PA 19603 23-2649362	Fundraising	PA	501(c)(3)	11a	SJRHN		
St Mary's Healthcare Center							
801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ		
Gettysburg Medical Center							
606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Healthcare	SD	501(c)(3)	3	SMHC		
Memorial Health Care System Inc							
2525 De Sales Avenue Chattanooga, TN 37404 62-0532345	Healthcare	TN	501(c)(3)	3	СНІ		
Memorial Health Care System Foundation							
2525 De Sales Avenue Chattanooga, TN 37 4 0 4 62 - 18 3 9 5 4 8	Fundraising	TN	501(c)(3)	7	мнсѕ		
Memorial Health Partners Foundation Inc							
6028 Shallowford Road Chattanooga, TN37421 03-0417049	Healthcare	TN	501(c)(3)	9	мнсѕ		

		<u></u>					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(1 contro organiz	n 512 13) olled
						Yes	No
Franciscan Health System FKA Franciscan 1717 South J Street Tacoma, WA 98405 91-0564491	Healthcare	WA	501(c)(3)	3	СНІ		
Enumclaw Regional Hospital Association 1450 Battersby Avenue Enumclaw, WA 98022 91-0715805	Healthcare	WA	501(c)(3)	3	FHS		
Franciscan Foundation 1717 South J Street Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS		
Franciscan Medical Group 1708 South Yakıma Avenue Tacoma, WA 98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS		
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI 53172 39-1093829	Healthcare	WI	501(c)(3)	9	CHI		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Torin 550, Schedu	ie k, Part III -	Identif	ication of R	elated Orga	nizations Taxable	as a Partnership						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispro allocat	prtionate	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen d Mana	j) leral or aging ner?	(k) Percentage ownership
CHI Operating				312 311)			res	NO		res	NO	
Investment Program LP 198 Inverness Drive West Englewood, CO80112 47-0727942	Investments	СО	СНІ	Investment	139,679,805	2,069,974,790		No	371,292	Yes		100 000 %
North River Surgery Center LLC												
2209 Wildwood Avenue Sherwood, AR72120 71-0799771	Ambul Surg Ctr	AR	SVIMC	Related	198,313	1,758,688		No			Νo	57 450 %
Audubon Land Company LLC												
5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	СО	тнс	Related	-157,673	14,390,550		No			Νο	50 100 %
OrthoColorado LLC 11650 West 2nd Place Lakewood, CO80255 37-1577105	Ortho Hospital	со	тнс	Related	-3,249,314	10,905,384		No			No	60 000 %
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO 80920 84-1072619	Medical Imaging	со	тнс	Related	1,857,228	5,457,224		No			Νο	70 000 %
St Anthony Regional Mtn Cancer Center 4231 W 16th Avenue Denver, CO80112 37-1568013	Cancer Center	со	тнс	Related	-290,552			No			No	51 000 %
St Francis Land Company												
5390 N Academy Blvd Suite 300 Colorado Springs, CO 80918 26-3134100	Real Estate	со	ТНС	Related	-180,979	14,886,022		No			Νο	51 000 %
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	кү	SJ HospitalLex	Related				No			Νο	65 000 %

Form 990, Schedule R. Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule	e R, Part III - I	dentific	ation of Re	lated Organi	zations Taxable	as a Partnership						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	allocat	prtionate ions?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen Mana Part	or aging ner?	(k) Percentage ownership
Ct leave BAMI II C				512-514)			Yes	No		Yes	No	
St Joseph-PAML LLC 424 Lewis Hargett Circle Ste 160 Lexington, KY40503 45-2116736	Mgmt Svcs	KY	SJHS	Related				Νο		Yes		62 500 %
Saint Joseph SCA Holdings LLC												
424 Lewis Hargett Circle Ste 160 Lexington, KY40503 45-3801157	OP Surgery	DE	SJHS	Related				No		Yes		51 000 %
Surgery Center of												
Lexington LLC 1451 Harrodsburg Road Lexington, KY40504 62-1179539	Surgery Center	DE	SJHS	Related	808,840	4,236,901		No		Yes		51 000 %
Ruxton Surgicenter												
8322 Bellona Avenue Suite 201 Baltimore, MD21204 52-2095835	Surgery Center	MD	SJMC	Related				No		Yes		51 000 %
Avantas LLC												
1207 South 13 Street Omaha, NE68108 39-2045003	Healthcare	NE	АНМН	Unrelated				No			Νo	95 000 %
Healthcare Support Services LLC												
PO Box 9804 Grand Island, NE68802 72-1546196	Laundry	NE	СНІ	Related	196,124	3,913,481		No	-58,436		Νο	100 000 %
Central Nebraska												
Home Care Services PO Box 1146-4510 Second Avenue Kearney, NE68848 47-0692112	Healthcare Srvc	NE	HSEINC	Related	-99,941	1,021,498		No	-48,712	Yes		100 000 %
Superior Medical Imaging LLC												
5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related				Νο			Νο	51 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

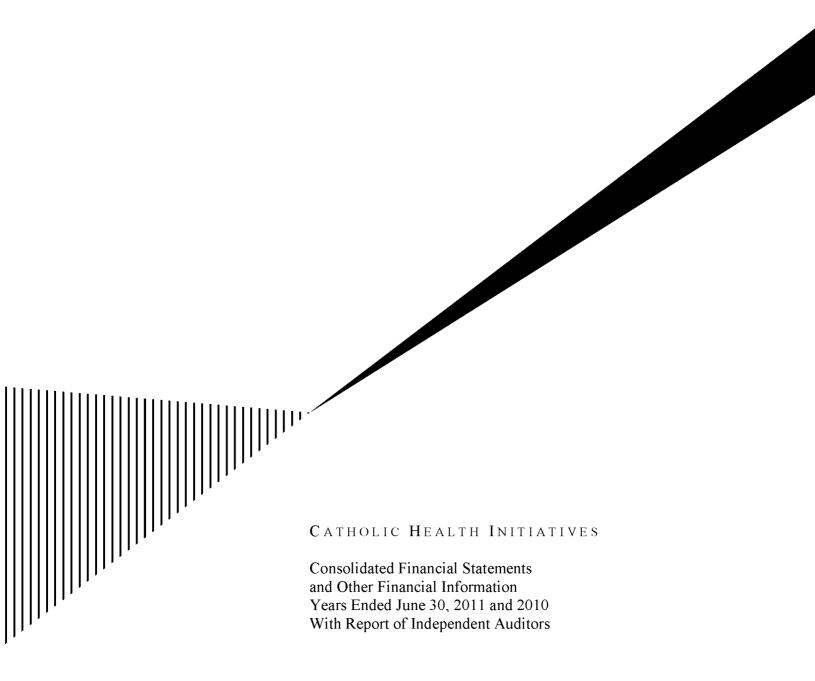
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	СНІ	Related	1,857,991	2,262,775		No			No	51 000 %
St Francis Medical Center Associates 1717 South J Street Tacoma, WA 98405 91-1352698	Med Office	WA	FHS	Related	116,948	1,652,280		No			Νο	54 210 %
Peninsula Radiation Oncology 314 Martin Luther King Jr Way 11 Tacoma, WA 98405 87-0808610	Healthcare Srvc	WA	FHS	Related	131,195	3,052,504		No			Νο	60 000 %
Berywood Office Properties LLC 400 Berywood Trail Cleveland, TN37312 62-1875199	Phys Office	TN	MHCS	Related				No		Yes		63 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership			
Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY41018 84-1112049	Management Servic	CO	СНІ	C Corp		3,267,441	100 000 %			
Captive Management Initiatives 6028D Shallowford Road Chattanooga, TN37422 98-0663022	Captive Managemen	CJ	СНІ	C Corp			100 000 %			
Center for Translational Research 198 Inverness Drive West Englewood, CO 80 11 2 27 - 22 69 51 1	Healthcare	со	СНІ	C Corp	-2,247,962	1,668,589	100 000 %			
First Initiatives Insurance Ltd 1415 Southgate Pendleton, OR97801 98-0203038	Insurance	CJ	СНІ	C Corp			100 000 %			
Franciscan Services Inc 198 Inverness Drive West Englewood, CO80112 23-2487967	Healthcare	СО	СНІ	C Corp	-507,578	11,914,284	100 000 %			
SJH Services Corporation 198 Inverness Drive West Englewood, CO80112 23-2307408	Healthcare	СО	FSI	C Corp	-518,360	3,180,100	100 000 %			
St Joseph Development Company Inc 1717 South J Street Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	-36,395	12,168,022	100 000 %			
Towson Management Inc 7601 Osler Drive Towson, MD21204 52-1710750	Management Servic	MD	FSI	C Corp	-469,016	498,393	100 000 %			
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT05401 03-0304831	Insurance	VT	СНІ	C Corp	-379	123,535	100 000 %			
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR72205 71-0710785	Healthcare	AR	SVIMC	C Corp	2,309,129	14,049,375	100 000 %			
Comcare Services 4231 W 16th Avenue Denver, CO80204 84-0904813	Inactive	СО	СНІС	C Corp			100 000 %			
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp		1,253,452	92 980 %			
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	264,489	1,796,053	100 000 %			
Central Kansas Health Services Associati 3515 Broadway Great Bend, KS67530 48-1042853	MEDICAL EQUIPMENT	KS	СКМС	C Corp			100 000 %			
SJL Physician Management Services Inc 424 Lewis Hargett Cr 160 Lexington, KY40503 27-0164198	Management	KY	SJHS	C Corp			100 000 %			
St Joseph Office Park Association 1401 HarrodsBurg Road Bldg B70 Lexington, KY40504 61-1079899	Management	кү	SJHS	C Corp	16,644	882,139	85 000 %			
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO64804 43-1457881	DME	МО	St John's RMC	C Corp	-1,533,371	1,369,083	100 000 %			
Good Samaritan O utreach Services PO BOX 1990 Kearney, NE68848 47-0659440	MEDICAL CLINIC	NE	CHI Nebraska	C Corp	-2,921,063	355,110	100 000 %			
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE68848 47-0664558	MANAGEMENT	NE	GSH	C Corp	25,289	1,443,049	100 000 %			
Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ07834 22-2441202	Billing Services	NJ	sccc	C Corp	-342,970	2,177,166	100 000 %			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership				
MedQuest 1301 15th Avenue West Williston, ND58801 45-0392137	Sale of DME	ND	MH of Williston	C Corp	9,852	962,554	100 000 %				
Consolidated Health Services 1700 Edison Drive Milford, OH45150 31-1378212	Home Health	ОН	СНІ	C Corp		11,595,125	100 000 %				
A merican Nursing Care 1700 Edison Drive Milford, OH45150 31-1085414	Home Health	ОН	CHS	C Corp	1,778,617	44,470,358	100 000 %				
A merimed Inc 1700 Edison Drive Milford, OH45150 31-1158699	Home Health	он	ANC	C Corp	2,395,230	11,869,657	100 000 %				
Patient Transport Services Inc 1700 Edison Drive Milford, OH45150 31-1100798	Home Health	он	ANC	C Corp	662,425	5,325,941	100 000 %				
Samaritan Family Care Inc 40 W Fourth St 1700 Dayton, OH45402 31-1299450	Healthcare	он	SHP	C Corp			100 000 %				
Mercy Services Corp 2700 Stewart Parkway Roseburg, OR97470 93-0824308	Retail Sales	OR	ммс	C Corp	-690,267	954,798	100 000 %				
St Anthony Development Company 1415 Southgate Pendleton, OR97801 93-1216943	Athletic Club	OR	St Anthony H	C Corp	53,891	3,007,554	100 000 %				
CGH Realty Company Inc 215 N 12th St Reading, PA19603 23-2326801	Real Estate	PA	SJHM	C Corp	1,007	42,415	100 000 %				
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN37422 62-1570736	Healthcare	TN	мнсѕ	C Corp		1,008	100 000 %				
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN37422 62-1570739	mgmt svc org	TN	мнсѕ	C Corp	-386,020	4,667,998	100 000 %				
Physician Health System Network 1149 Market St Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corp			100 000 %				
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corp			100 000 %				
Harold W Rase 1995 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 45-6090420	Investments	ND	sjннс	Trust	1,240	21,533	100 000 %				
Harold W Rase 1996 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037112	Investments	ND	s]ннс	Trust	900	15,495	100 000 %				
Harold W Rase 1997 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037104	Investments	ND	sjннс	Trust	1,025	20,261	100 000 %				
Harold W Rase 1999 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037099	Investments	ND	sjннс	Trust	1,313	25,027	100 000 %				
James & Henrietta Nistler Unitrust 30 West 7th Street Dickinson, ND58601 20-6021899	Investments	ND	sjннс	Trust	-16,708	41,455	100 000 %				
Joseph A Schuster Annuity Trust #1 400 Univerity Avenue Des Moines, IA50314 42-1195122	Investments	IA	MFDM	Trust	18,924	441,488	100 000 %				
Ray & Shirley David 1999 Unitrust 30 West 7th Street Dickinson, ND58601 20-6037077	Investments	ND	SJHHC	Trust	1,250	24,194	100 000 %				

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Tom Deyle Charitable Remainder Unitrust PO Box 1810 Kearney, NE68848 47-6192393	Investments		GSHF	Trust	4,884	166,321	100 000 %
David Deyle Charitable Remainder Unitrus PO Box 1810 Kearney, NE68848 47-6192395	Investments	NE	GSHF	Trust	4,880	166,425	100 000 %
Jeanne Deyle Charitable Remainder Unitru PO Box 1810 Kearney, NE68848 47-6192398	Investments	NE	GSHF	Trust	4,880	166,320	100 000 %
Lodesca Miller Charitable Remainder Unit PO Box 1810 Kearney, NE68848 47-6186933	Investments	NE	GSHF	Trust	3,387	86,367	100 000 %
Robert & Wanda Charitable Remainder Unit PO Box 1810 Kearney, NE68848 26-6191916	Investments	NE	GSHF	Trust	13,030	537,775	100 000 %



Ernst & Young LLP



Catholic Health Initiatives Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

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Ernst & Young LLP Suite 3300

370 17th Street Denver, CO 80202 Tel +1 720 931 4000

Fax +1 720 931 4444 www.ev.com

Report of Independent Auditors

Board of Stewardship Trustees Catholic Health Initiatives

We have audited the accompanying consolidated balance sheets of Catholic Health Initiatives (CHI) as of June 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of CHI's management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of Alegent Health-Bergan Mercy Health System, a wholly sponsored direct affiliate of CHI, which statements reflect total assets of \$708 million and \$634 million as of June 30, 2011 and 2010, respectively, and total revenues of \$466 million and \$454 million, respectively, for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Alegent Health-Bergan Mercy Health System, is based solely on the report of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of CHI's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CHI's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits and the report of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Catholic Health Initiatives at June 30, 2011 and 2010, and the consolidated results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The unaudited community benefit information in Note 2 to the consolidated financial statements is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, accordingly, we express no opinion on such information.

September 13, 2011

1103-1238253

Ernst + Young LLP

Catholic Health Initiatives Consolidated Balance Sheets

	June 30				
	2011	2010			
	(In Thousands)				
Assets					
Current assets					
Cash and equivalents	\$ 449,674	\$ 494,487			
Net patient accounts receivable, less allowances of					
\$650,617 and \$593,749 in 2011 and 2010, respectively	1,133,819	1,118,487			
Other accounts receivable	108,848	119,697			
Current portion of investments and assets limited as to use	19,554	3,463			
Inventories	173,316	170,003			
Assets held for sale	23,987	17,900			
Prepaid and other	70,805	52,828			
Total current assets	1,980,003	1,976,865			
Investments and assets limited as to use: Internally designated for capital and other funds Mission and Ministry Fund Capital Resource Pool Held by trustees	4,617,181 117,832 268,690 5,488	3,981,359 98,726 246,943 43,411			
Held for insurance purposes	739,071	681,001			
Restricted by donors	154,567	140,635			
Total investments and assets limited as to use	5,902,829	5,192,075			
Property and equipment, net	4,935,519	4,705,909			
Deferred financing costs	11,821	11,494			
Investments in unconsolidated organizations	353,449	241,604			
Intangible assets and goodwill, net	57,486	35,403			
Notes receivable and other	640,027	629,216			
Total assets	\$ 13,881,134	\$ 12,792,566			

Continued on following page

Catholic Health Initiatives Consolidated Balance Sheets (continued)

	June 30				
	2011 2010 (In Thousands)				
		nds)			
Liabilities and net assets					
Current liabilities					
Compensation and benefits	\$	408,375	\$	366,685	
Third-party liabilities		66,283		66,091	
Accounts payable and accrued expenses		607,400		662,748	
Variable-rate debt with self liquidity		163,400		283,660	
Current portion of long-term debt		836,201		736,052	
Total current liabilities		2,081,659		2,115,236	
Pension liability		315,523		731,196	
Self-insured reserves and claims		448,940		436,787	
Other liabilities		269,662		279,186	
Long-term debt		3,123,001		3,180,965	
Total liabilities		6,238,785		6,743,370	
Net assets					
Net assets attributable to CHI		7,448,161		5,875,377	
Net assets attributable to noncontrolling interests		8,967		8,204	
Unrestricted		7,457,128		5,883,581	
Temporarily restricted		122,795		112,207	
Permanently restricted		62,426		53,408	
Total net assets		7,642,349		6,049,196	
Total liabilities and net assets	\$	13,881,134	\$	12,792,566	

See accompanying notes.

Catholic Health Initiatives Consolidated Statements of Operations

	Year Ended June 30							
		2011 2010						
		(In Tho	иѕана	ands)				
Revenues: Net patient services	\$	9,004,978	\$	8,504,180				
Nonpatient								
Donations		24,639		29.421				
Changes in equity of unconsolidated organizations		38,059		15.772				
Investment income from self-insured trust funds		97,907		75.981				
Other		466,185		466,167				
Total nonpatient revenues		626,790		587,341				
Total operating revenues		9,631,768		9.091.521				
Expenses:								
Salaries and wages		3,632,761		3.394.929				
Employee benefits		773,040		749,049				
Purchased services, medical professional fees, consulting and legal		867,149		821.367				
Supplies		1,549,694		1.519.479				
Bad debts		718,577		653,250				
Utilities		122,195		117,593				
Rentals, leases, maintenance and insurance		489,791		399,453				
Depreciation and amortization		470,669		462,262				
Interest		133,423		111,188				
Other		493,488		444,133				
Total operating expenses before restructuring, impairment				_				
and other losses		9,250,787		8,672,703				
Income from operations before restructuring, impairment								
and other losses		380,981		418.818				
Restructuring, impairment and other losses		25,655		61,638				
Income from operations		355,326		357,180				
Nonoperating gains (losses):								
Investment income, net		753,764		387.674				
Gain on escrow restructuring and defeasance of bonds, net		_		2,896				
Realized and unrealized losses on interest rate swaps		(4,870)		(78.467)				
Other nonoperating gains		16,462		13.665				
Total nonoperating gains		765,356		325,768				
Excess of revenues over expenses	<u>\$</u>	1,120,682	\$	682,948				
Excess of revenues over expenses attributable to noncontrolling interest		3,298	\$	966				
Excess of revenues over expenses attributable to CHI	\$	1,117,384	\$	681,982				

Community benefit provided to the poor and broader community and the unpaid cost of Medicare (unaudited) was \$1.1 billion in each of 2011 and 2010 (see Note 2 of the accompanying notes)

See accompanying notes

Catholic Health Initiatives Consolidated Statements of Changes in Net Assets

(In Thousands)

	Unrestricted Net Assets																						
	Attributabl to CHI	e Noi	ributable to ncontrolling Interests	7	Гotal	Temporarily Restricted Net Assets		Restricted Net		Restricted Net		Restricted Net		Restricted Net		Restricted Net		Restricted Net		Permanently Restricted Net Assets		Restricted Net	
			0.404																				
Balances, June 30, 2009	\$ 5.336.66	•		\$ 5	5,345,050	\$	114.694	\$	53,728	\$	5,513,472												
Excess of revenues over expenses	681.98		966		682.948		_		_		682.948												
Increase in pension liability	(131.36	50)	_		(131,360)		_		_		(131.360)												
Temporarily and permanently restricted contributions		_	_		_		37,772		420		38,192												
Net assets released from restriction for capital	23,59	98	_		23,598		(23.598)		_		_												
Net assets released from restriction for operations		_	_		_		(21.237)		_		(21.237)												
Investment income		_	_		_		4.275		(175)		4,100												
Other changes in net assets	3.13	37	(1.144)		1.993		301		(565)		1.729												
Net loss from discontinued operations	(38.6-	18)	_		(38,648)						(38,648)												
Net increase in net assets	538,70)9	(178)		538,531		(2,487)		(320)		535,724												
Balances, June 30, 2010	5,875,37	77	8.204	5	5,883,581		112,207		53,408		6.049.196												
Excess of revenues over expenses	1,117,38	34	3,298	1	1,120,682		_		_		1,120,682												
Decrease in pension liability	404,70	58	_		404,768		_		_		404,768												
Temporarily and permanently restricted contributions		_	_		_		44,502		3,803		48,305												
Net assets released from restriction for capital	26,27	70	_		26,270		(26,270)		_		_												
Net assets released from restriction for operations		_	_		_		(13,868)		_		(13,868)												
Investment income		_	_		_		7,718		1,737		9,455												
Other changes in net assets	24,30	52	(2,535)		21,827		(1,494)		3,478		23,811												
Net increase in net assets	1,572,78	34	763	1	1,573,547		10,588		9,018		1,593,153												
Balances, June 30, 2011	\$ 7,448,10	51 S	8,967	\$ 7	7,457,128	\$	122,795	S	62,426	\$	7,642,349												

See accompanying notes

Catholic Health Initiatives Consolidated Statements of Cash Flows

		e 30		
		2011		2010
		(In Thoi	ısands)
Operating activities				
Increase in net assets	\$	1,593,153	\$	535,724
Adjustments to reconcile increase in net assets to net cash provided				
by operating activities				
Depreciation and amortization		470,669		469,998
Provision for bad debts		718,577		688,547
Changes in equity of unconsolidated organizations		(38,059)		(16.830)
Net gains on sales of facilities and investments in unconsolidated		(3.5.10)		(9,735)
organizations		(3,540)		50,773
Loss on sale of Idaho and Eastern Oregon operations		_		30,773
Noncash operating expenses related to restructuring.		0.744		25.622
impairment and other losses		9,644		35.833
Loss on defeasance of bonds		_		151
(Increase) decrease in fair value of interest rate swaps		(26,876)		46,396
(Decrease) increase in unfunded pension liability Net changes in current assets and liabilities		(404,768)		131,360
Net patient and other accounts receivable		(710,994)		(626,755)
Other current assets		(20,318)		(8,301)
Current liabilities		(40,549)		134.138
Other changes		(37,700)		(27.910)
Net cash provided by operating activities, before net change in		(37,700)		(27.910)
investments and assets limited as to use		1,509,239		1,403,389
Net increase in investments and assets limited as to use		(729,424) 779,815		(1,384,929) 18,460
Net cash provided by operating activities		119,013		16.400
Investing activities				
Purchases of property, equipment and other capital assets		(761,713)		(821,354)
Purchase of CHS, net of cash acquired		(35,533)		_
Net cash proceeds from asset sales		4,992		21.617
Net cash proceeds from sale of Idaho and Eastern Oregon operations		_		61,937
Distributions from investments in unconsolidated organizations		44,748		27.450
Notes receivable issued to unconsolidated affiliates		(32,026)		(135,728)
Payment received on notes receivable from unconsolidated affiliates		27,391		14,606
Other changes		6,889		(911)
Net cash used in investing activities		(745,252)		(832,383)
Financing activities				
Proceeds from bank loan and issuance of long-term debt		276,598		1.174.753
Net costs associated with issuance of long-term debt		_		(10,837)
Repayment of long-term debt		(355,974)		(568,195)
Net cash (used in) provided by financing activities		(79,376)		595,721
Decrease in cash and equivalents		(44,813)		(218.202)
Cash and equivalents at beginning of year		494,487		712,689
Cash and equivalents at end of year	\$	449,674	\$	494,487
Supplemental disclosures of cash flow information				
Cash paid during the year for interest, including amounts capitalized		149,822	\$	118,053

See accompanying notes

June 30, 2011

1. Summary of Significant Accounting Policies

Organization

Catholic Health Initiatives (CHI), established in 1996, is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI sponsors market-based organizations (MBOs) and other facilities in 19 states, including 72 acute-care hospitals, of which 21 are designated as critical access hospitals by the Medicare program, 40 long-term care, assisted living and residential facilities, two community health service organizations (CHSOs), home health agencies and two accredited nursing colleges CHI also has an offshore captive insurance company, First Initiatives Insurance, Limited (FIIL)

The mission of CHI is to nurture the healing ministry of the Church, bringing it new life, energy and viability in the 21st century CHI is committed to fidelity to the Gospel, with emphasis on human dignity and social justice in the creation of healthier communities CHI is sponsored by a lay-religious partnership, calling on other Catholic sponsors and systems to unite to ensure the future of Catholic health care

Principles of Consolidation

CHI consolidates all direct affiliates in which it has sole corporate membership or ownership (Direct Affiliates) and all entities in which it has greater than 50% equity interest with commensurate control All significant intercompany accounts and transactions are eliminated in consolidation

Fair Value of Financial Instruments

Financial instruments consist primarily of cash and equivalents, patient accounts receivable, investments and assets limited as to use, notes receivable, accounts payable and long-term debt. The carrying amounts reported in the consolidated balance sheets for these items approximate fair value.

Cash and Equivalents

Cash and equivalents include all deposits with banks and investments in interest-bearing securities with maturity dates of 90 days or less from the date of purchase In addition, cash and equivalents include deposits in short-term funds held by professional managers. The funds generally invest in high-quality, short-term debt securities, including U S government securities,

1. Summary of Significant Accounting Policies (continued)

securities issued by domestic and foreign banks, such as certificates of deposit and bankers' acceptances, repurchase agreements, asset-backed securities, high-grade commercial paper and corporate short-term obligations

Net Patient Accounts Receivable and Net Patient Services Revenues

Net patient accounts receivable has been adjusted to the estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors.

The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage and other collection indicators. Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility

CHI records net patient services revenues in the period in which services are performed CHI has agreements with third-party payors that provide for payments at amounts different from its established rates. The basis for payment under these agreements includes prospectively determined rates, cost reimbursement and negotiated discounts from established rates and per diem payments

Net patient services revenues are reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, reviews and investigations, and excluding estimated amounts considered uncollectible. The differences between the estimated and actual adjustments are recorded as part of net patient services revenues in future periods, as the amounts become known, or as years are no longer subject to such audits, reviews and investigations

1. Summary of Significant Accounting Policies (continued)

Investments and Assets Limited as to Use

Investments and assets limited as to use include assets set aside by CHI for future long-term purposes, including capital improvements and self-insurance. In addition, assets limited as to use include amounts held by trustees under bond indenture agreements, amounts contributed by donors with stipulated restrictions and amounts held for Mission and Ministry programs

CHI has designated its investment portfolio as trading Accordingly, unrealized gains and losses on marketable securities are included within excess of revenues over expenses. In addition, cash flows from the purchases and sales of marketable securities are reported as a component of operating activities in the accompanying consolidated statements of cash flows.

Direct investments in equity securities with readily determinable fair values and all direct investments in debt securities have been measured at fair value in the accompanying balance sheets Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess of revenues over expenses unless the income or loss is restricted by donor or law

Investments in partnerships and limited liability companies are recorded using the equity method of accounting (which approximates fair value) with the related changes in value in earnings reported as investment income in the accompanying consolidated financial statements

Inventories

Inventories, primarily consisting of pharmacy drugs and medical and surgical supplies, are stated at lower of cost (first-in, first-out method) or market

Assets and Liabilities Held for Sale

A long-lived asset or disposal group of assets and liabilities that is expected to be sold within one year is classified as held for sale For long-lived assets held for sale, an impairment charge is recorded if the carrying amount of the asset exceeds its fair value less costs to sell Such valuations include estimates of fair values generally based upon discounted cash flows and incremental direct costs to transact a sale

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair value at the date of receipt or impairment Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment. Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. Capitalized interest of \$15 million and \$22 million was recorded in 2011 and 2010, respectively

Costs incurred in the development and installation of internal-use software are typically expensed if they are incurred in the preliminary project stage or post-implementation stage, while certain costs are capitalized if incurred during the application development stage Amounts capitalized are amortized over the useful life of the developed asset following project completion

Investments in Unconsolidated Organizations

Investments in unconsolidated organizations are accounted for under the cost or equity method of accounting, as appropriate, based on the relative percentage of ownership or degree of influence over that organization. The equity income or loss on these investments is recorded in the consolidated statements of operations as changes in equity of unconsolidated organizations.

Notes Receivable and Other Assets

Other assets consist primarily of notes receivable, pledges receivable, deferred compensation assets, deposits and other long-term assets. Notes receivable include balances from the following related entities. Alegent Health and Alegent Health Immanuel Medical Center (collectively, Alegent), the Nebraska joint operating company (JOC) and non-CHI joint operating agreement (JOA) partner, respectively, Bethesda Hospital, Inc (Bethesda), the non-CHI JOA partner in the Cincinnati, Ohio JOA, and Jewish Hospital Healthcare Services, Inc (JHHS), an unconsolidated investee organization. The notes bear interest at rates commensurate with the CHI blended interest cost and require monthly debt service payments

1. Summary of Significant Accounting Policies (continued)

A summary of notes receivable and other assets is as follows as of June 30 (in thousands)

		2011	2010
Notes receivable from related entities	-		
Alegent	\$	273,535	\$ 254,444
Bethesda		212,090	223,155
JHHS		25,466	29,887
Total notes receivable from related entities		511,091	507,486
Other long-term assets		128,936	121,730
Total notes receivable and other	\$	640,027	\$ 629,216

Alegent and Bethesda are Designated Affiliates in the CHI credit group under the Capital Obligation Document (COD) As conditions of joining the CHI credit group, the Designated Affiliates have agreed to certain covenants related to corporate existence, insurance coverage, exempt use of bond-financed facilities, maintenance of certain financial ratios and compliance with limitations on the incurrence of additional debt Based upon management's review of the creditworthiness of the Designated Affiliates and their compliance with the covenants and limitations, no allowances for uncollectible notes receivable were recorded at June 30, 2011 and 2010

Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, including endowment funds Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donor's wishes primarily to purchase equipment, to provide charity care and to provide other health and educational programs and services

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received All unrestricted contributions are included in the excess of revenue over expenses as donation revenues Other gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is,

1. Summary of Significant Accounting Policies (continued)

when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as donations revenue when restricted for operations or as unrestricted net assets when restricted for property and equipment

Performance Indicator

The performance indicator is the excess (deficiency) of revenues over expenses, which includes all changes in unrestricted net assets other than changes in the pension liability funded status, net assets released from restrictions for property acquisitions, cumulative effect of changes in accounting principles, discontinued operations and contributions of property and equipment and other changes not required to be excluded within the performance indicator and generally accepted accounting principles

Operating and Nonoperating Activities

CHI's primary mission is to meet the health care needs in its market areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, long-term care and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to CHI's primary mission are considered to be nonoperating. Nonoperating activities include investment earnings, excluding the earnings from the investments held by FIIL, gains (losses) from bond refinancing, net interest cost and changes in fair value of interest rate swaps, and the nonoperating component of JOA income share adjustments

Charity Care

As an integral part of its mission, CHI accepts and treats all patients without regard to the ability to pay Services to patients are classified as charity care in accordance with standards established across all MBOs Charity care represents services rendered for which partial or no payment is expected and, as such, is not included in net patient services revenues in the accompanying consolidated statements of operations and changes in net assets The amount of charity care provided, determined on the basis of charges, was 40% and 37% of gross patient services revenues for 2011 and 2010, respectively

1. Summary of Significant Accounting Policies (continued)

Other Nonpatient Revenues

Other nonpatient revenues include gains and losses on the sales of assets, the operating portion of revenue-sharing income or expense associated with Direct Affiliates that are part of JOAs, cafeteria sales, rental income, retail pharmacy and durable medical equipment sales, auxiliary and gift shop revenues and revenues from other miscellaneous sources

Derivative and Hedging Instruments

CHI uses derivative financial instruments (interest rate swaps) in managing its capital costs. These interest rate swaps are recognized at fair value on the consolidated balance sheets. CHI has not designated its interest rate swaps related to CHI's long-term debt as hedges. The net interest cost and change in the fair value of such interest rate swaps is recognized as a component of nonoperating gains (losses) in the accompanying consolidated statements of operations. It is CHI's policy to net the value of collateral on deposit with counterparties against the fair value of its interest rate swaps in other liabilities on the consolidated balance sheets.

Functional Expenses

CHI provides inpatient, outpatient, ambulatory, long-term care and community-based services to individuals within the various geographic areas supported by its facilities. Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services and other functions that are supported centrally for all of CHI Support services expenses as a percent of total operating expenses were approximately 4 2% and 4 4% in 2011 and 2010, respectively

Restructuring, Impairment and Other Losses

CHI periodically evaluates property, equipment and certain other intangible assets to determine whether assets may have been impaired. Management determined there were certain property and equipment impairments in both 2011 and 2010 to the extent that the discounted cash flows estimated to be generated by those assets were less than the underlying carrying value

During the years ended June 30, 2011 and 2010, CHI recorded nonrecurring expenses of \$26 million and \$62 million, respectively, relating to asset impairments and changes in business operations, including reorganization and severance costs During 2010, CHI recorded an additional \$48 million of nonrecurring expenses, which were included as discontinued operations in the statements of changes in net assets

1. Summary of Significant Accounting Policies (continued)

Income Taxes

CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax As of June 30, 2011, CHI has current net deferred tax assets of \$2 1 million and a noncurrent net deferred tax liability of \$5 4 million related to these taxable activities

Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses Actual results could vary from the estimates

New Accounting Pronouncements and Adoption of New Accounting Standards

Effective July 2010, CHI adopted the provision of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) No 958-810, *Not-for-Profit-Entities: Consolidation*, which made the provision of FASB Statement No 160, *Noncontrolling Interests in Consolidated Financial Statements*, applicable to not-for-profit entities. The purpose of the ASC and FASB were to reflect the noncontrolling interest in the equity or net assets of a consolidated subsidiary as a component of net assets rather than as minority interest expense and minority interest liability. The adoption of ASC 958-810 did not have a material impact on CHI's consolidated results of financial position, operations or cash flows. The prior year's presentation has been adjusted to reflect the application of the new accounting guidance

In January 2010, the FASB released Accounting Standards Update (ASU) No 2010-07, Not-for-Profit Entities (Topic 958): Not-for-Profit Entities: Mergers and Acquisitions, which amends FASB Statement No 164, Not-for-Profit Entities: Mergers and Acquisitions The objective of ASU 2010-07 is to improve the relevance, representational faithfulness and comparability of the information that a not-for-profit entity provides in its financial reports about a combination with one or more other not-for-profit entities, businesses or nonprofit activities ASU 2010-07 also

1. Summary of Significant Accounting Policies (continued)

provides relevant and comparable information that a not-for-profit entity provides for goodwill and other intangible assets after an acquisition by amending existing guidance to make it fully applicable to not-for-profit entities ASU 2010-07 is effective for mergers for which the merger date is on or after the beginning of an *imital* reporting period beginning on or after December 15, 2009, and acquisitions for which the acquisition date is on or after the beginning of the first *ammual* reporting period beginning on or after December 15, 2009 CHI adopted the provisions of ASU 2010-07 effective July 2010, and adoption did not have a material impact on its overall consolidated results of financial position, operations or cash flows

In January 2010, the FASB released ASU No 2010-06, Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements ASU 2010-06 was issued to improve disclosure requirements related to fair value measurements and disclosures (overall Subtopic 820-10) of the FASB The new disclosures are effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures in the rollforward of activity in Level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2010 CHI adopted the provisions of ASU 2010-06 during 2010 and 2011.

In September 2009, the FASB released ASU No 2009-12, Fair Value Measurements and Disclosures (Topic 820): Investments in Certain Entities That Calculate Net Asset Value ASU 2009-12 amends ASC 820, Fair Value Measurements and Disclosures, and allows a reporting entity, as a practical expedient, to estimate fair value of certain alternative investments at the net asset value as reported by the investee entity in instances where the net asset value has been calculated in a manner consistent with ASC 946, Financial Services – Investment Companies Adoption of the provisions of ASU 2009-12 during 2010 did not have a material impact on the valuation of CHI's investments

In August 2010, the FASB released ASU No 2010-23, *Measuring Charity Care for Disclosure*. ASU 2010-23 requires the disclosure of charity care amounts and provides specific guidance on how to measure charity care. The accounting provisions specifically require that charity care not be reduced by reimbursement for charity care, and that the amount of reimbursements for charity care be disclosed. The disclosures are effective for fiscal years beginning after December 15, 2010, with retrospective application required. CHI does not believe the adoption of ASU 2010-23 will have a material effect on its overall consolidated results of financial position, operations or cash flows.

1. Summary of Significant Accounting Policies (continued)

In August 2010, the FASB released ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*. ASU 2010-24 applies to malpractice claims and similar contingent liabilities and requires that such liabilities disregard the effect of any anticipated insurance recoveries in determining the liability amounts. The accounting provisions also provide accounting guidance for recording any insurance recovery receivables. ASU 2010-24 is effective for fiscal years beginning after December 15, 2010. CHI is evaluating the effect of adopting ASU 2010-24 but does not believe its adoption will have a material effect on its overall consolidated results of financial position, operations or cash flows

In July 2011, the FASB released ASU No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Entities ASU 2011-07 requires health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient services revenues from an operating expense to a deduction from patient services revenues (net of contractual allowances and discounts) Additionally, enhanced disclosures will be required surrounding the entity's policies for recognizing revenue and assessing bad debts ASU 2011-07 is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011 CHI is evaluating the effect of adopting ASU 2011-07

Reclassifications

Certain reclassifications were made to the 2010 consolidated financial statement presentation to conform to the 2011 presentation

2. Community Benefit (Unaudited)

In accordance with its mission and philosophy, CHI commits substantial resources to sponsor a broad range of services to both the poor and the broader community Community benefit provided to the poor includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community

2. Community Benefit (Unaudited) (continued)

Community benefit provided to the broader community includes the costs of providing services to other populations who may not qualify as poor but may need special services and support This type of community benefit includes the costs of services such as health promotion and education, health clinics and screenings, all of which are not billed or can be operated only on a deficit basis, unpaid portions of training health professionals such as medical residents, nursing students and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols

A summary of the cost of community benefit provided to both the poor and the broader community is as follows (in thousands)

	2011	2010
Cost of community benefit		
Cost of charity care provided	\$ 244,949	\$ 221,140
Unpaid cost of public programs, Medicaid and		
other indigent care programs	242,163	235,161
Nonbilled services	25,379	25,576
Cash and in-kind donations	2,975	2,861
Education and research	33,397	24,908
Other benefit	63,283	65,198
Total cost of community benefit from continuing operations	612,146	574,844
Total cost of community benefit from discontinued operations	_	13,779
Total cost of community benefit	612,146	588,623
Unpaid cost of Medicare from continuing operations	461,358	456,729
Unpaid cost of Medicare from discontinued operations	 _	9,867
Total unpaid cost of Medicare	461,358	466,596
Total cost of community benefit and the unpaid		
cost of Medicare	\$ 1,073,504	\$ 1,055,219

The summary above has been prepared in accordance with the policy document of the Catholic Health Association of the United States (CHA), Community Benefit Program – A Revised Resource for Social Accountability Community benefit is measured on the basis of total cost, net of any offsetting revenues, donations or other funds used to defray cost

2. Community Benefit (Unaudited) (continued)

The total cost of community benefit from continuing and discontinued operations was 6 6% of total expenses before operating expenses related to restructuring, impairment and other losses in 2011 and 2010. The total cost of community benefit and the unpaid cost of Medicare from continuing and discontinued operations was 11 6% and 11 8% of total expenses before operating expenses related to restructuring, impairment and other losses in 2011 and 2010, respectively

3. Joint Operating Agreements and Investments in Unconsolidated Organizations

Joint Operating Agreements

CHI participates in JOAs with hospital-based organizations in five separate market areas. The agreements generally provide for, among other things, joint management through JOCs of the combined operations of the local facilities included in the JOAs. CHI retains ownership of the assets, liabilities, equity, revenues and expenses of the CHI facilities that participate in the JOAs. The financial statements of the CHI facilities managed under all JOAs are included in the CHI consolidated financial statements. Transfers of assets from facilities owned by the JOA participants generally are restricted under the terms of the agreements.

CHI has a 70% interest in a JOC based in Colorado and has interests of 50% in three other JOCs associated with other JOAs. These interests are included in investments in unconsolidated organizations and totaled \$125 million and \$65 million at June 30, 2011 and 2010, respectively CHI recognizes its investment in all JOCs under the equity method of accounting. The JOCs provide varying levels of services to the related JOA sponsors, and operating expenses of the JOCs are allocated to each sponsoring organization. The unconsolidated JOCs had total assets of \$721 million and \$671 million at June 30, 2011 and 2010, respectively, and net assets of \$109 million and \$95 million, respectively.

Investments in Unconsolidated Organizations

CHI Kentucky – On November 1, 2005, CHI entered into a joint venture agreement with JHHS CHI contributed substantially all of the net assets of the former MBO in Louisville, Kentucky, of \$7 million, along with \$20 million, paid in quarterly installments through August 2008, in return for a 25% interest in the joint venture. The investment in the joint venture, which is accounted for under the equity method of accounting and is included in investments in unconsolidated organizations, had a book value of \$30 million and \$18 million at June 30, 2011 and 2010, respectively. The joint venture had annual operating revenues of approximately \$1.0 billion for both 2011 and 2010, total assets of \$920 million and \$914 million, and net assets of \$335 million.

3. Joint Operating Agreements and Investments in Unconsolidated Organizations (continued)

and \$291 million as of June 30, 2011 and 2010, respectively As part of the agreement, the joint venture executed a note to CHI with monthly payments of principal and interest. The note is included in other assets and had a balance of \$25 million and \$30 million at June 30, 2011 and 2010, respectively

Preferred Professional Insurance Corporation (PPIC) – PPIC is an unconsolidated affiliate of CHI PPIC provides professional liability insurance and other related services to preferred physician and other health care providers that are associated with its owners CHI owns a 27% interest in PPIC and accounts for its investment under the equity method of accounting The book value of the investment was \$49 million and \$43 million at June 30, 2011 and 2010, respectively PPIC had net assets of \$183 million and \$161 million at December 31, 2010 and 2009, respectively

Pathology Associates Medical Laboratories (PAML) – On October 21, 2009, CHI entered into an agreement with Seattle-based Providence Health and Services to acquire up to a 25% interest in PAML PAML is an unconsolidated affiliate of CHI and is a full-service medical reference lab, providing CHI hospitals with the opportunity to expand laboratory testing volumes and develop new relationships through outreach laboratory joint ventures As of June 30, 2011, CHI had met its commitment to invest a total of \$37 3 million in PAML, which represents a 25% ownership and is accounted for under the equity method The book value of the investment was \$37 6 million and \$14 9 million at June 30, 2011 and 2010, respectively CHI has an option to increase its investment in PAML by an additional \$7 5 million before January 2013

3. Joint Operating Agreements and Investments in Unconsolidated Organizations (continued)

Other Entities – The summarized financial positions and results of operations for the other entities accounted for under the equity method as of and for the periods ended June 30, excluding the investments described above, are as follows (in thousands)

					20	11				
	Aedical Office uildings	D	utpatient and iagnostic Services	9	nbulatory Surgery Centers		hysician ractices	I	Other nvestees	Total
Total assets Total debt Net assets Net patient services revenues Total revenues, net Excess of revenues over expenses	\$ 28,439 26,315 1,263 - 5,834	\$	129,620 42,133 86,316 125,066 139,594 16,236	\$	63,130 13,023 46,024 116,927 117,020 31,659	\$	21,028 10,664 8,054 33,991 37,452 6,142	\$	160,767 20,013 95,720 150,974 330,668 86,269	\$ 402,984 112,148 237,377 426,958 630,568 140,985
					20	10				
	Medical Office uildings	D	utpatient and iagnostic Services	9	20 nbulatory Surgery Centers	P	hysician ractices	I	Other nvestees	Total
Total assets Total debt Net assets Net patient services revenues Total revenues, net Excess of revenues over		D	and iagnostic	9	nbulatory Surgery	P	•			\$ Total 444,108 90,159 234,656 327,987 515,266

4. Acquisitions and Divestitures

Continuing Operations

Consolidated Health Services (CHS) – Effective on October 1, 2010, CHI acquired CHS, headquartered near Cincinnati, Ohio, from Bethesda, Inc, an Ohio nonprofit corporation CHS is a home health care service provider operating in 30 locations in Indiana, Kentucky and Ohio The gross purchase price of the acquisition was \$43.3 million (\$35.5 million, net of cash acquired), which was allocated as follows (in thousands)

Cash	\$ 7,814
Patient receivables	6,534
Current deferred tax asset	2,077
Property and equipment	3,260
Investment in unconsolidated organizations	17,900
Intangibles	12,064
Deferred tax asset	1,503
Goodwill	6,479
Other assets	5,960
Other liabilities	(13,210)
Deferred tax liability	(7,034)
Purchase price	\$ 43,347

Dayton Heart and Vascular Hospital – In May 2009, the decision was made to sell the Dayton Heart and Vascular Hospital building, as all operations had been moved to the primary hospital The property is classified as an asset held for sale on the consolidated balance sheets and had a value of \$16 0 million and \$17 9 million as of June 30, 2011 and 2010, respectively Impairment charges of \$1 9 million and \$24 6 million were recorded in 2011 and 2010, respectively, to reduce the carrying amount of the property to its fair value Such impairment charges are reflected as a component of restructuring, impairment and other losses in the accompanying consolidated statements of operations Effective on July 28, 2011, the property was sold for its stated value

Discontinued Operations

Idaho and Eastern Oregon Operations – In April 2010, CHI sold three of its facilities to an unrelated third party. The operations associated with these facilities have been reported as discontinued operations and are included in the consolidated statements of operations and changes in net assets. At June 30, 2010, assets held for sale consisted primarily of cash and

4. Acquisitions and Divestitures (continued)

investments, net patient accounts receivable, net property and equipment, investments in unconsolidated organizations and other long-term assets Liabilities held for sale consisted of accounts payable and accrued compensation and benefits CHI recorded a deficiency of revenues over expenses of \$45.3 million in 2010, which is reported as discontinued operations in the accompanying consolidated statements of changes in net assets

Missouri Operations – In November 2009, CHI's management transferred sponsorship and related operations of its Missouri facilities to an unrelated third party. The operations associated with these lines of business have been reported as discontinued operations and are included in the consolidated statement of changes in net assets. At June 30, 2010, assets held for sale consisted primarily of inventories, property and equipment, donor-restricted assets and investments in unconsolidated organizations. Liabilities held for sale consisted of certain compensation and benefits expenses. CHI recorded excess of revenues over expenses of \$6.7 million in 2010, which is reported as discontinued operations in the accompanying consolidated statements of changes in net assets.

Total operating revenues and deficiency of revenues over expenses included in the results of discontinued operations are summarized below (in thousands)

	2010
Total operating revenues	\$ 250,093
Total operating expenses	(248,554)
Restructuring and other losses	(48,137)
Impairment losses	(275)
Nonoperating gains	 8,225
Deficiency of revenues over expenses	\$ (38,648)

The consolidated statements of cash flows include \$40.5 million of operating, investing and financing activities related to discontinued operations for the year ended June 30, 2010

5. Net Patient Services Revenues

Net patient services revenues are derived from services provided to patients who are either directly responsible for payment or are covered by various insurance or managed care programs CHI receives payments from the federal government on behalf of patients covered by the

5. Net Patient Services Revenues (continued)

Medicare program, from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies and managed care programs and from patients themselves A summary of payment arrangements with major third-party payors follows

Medicare – Inpatient acute care and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure. These rates vary according to patient classification systems based on clinical, diagnostic and other factors. Certain CHI facilities have been designated as critical access hospitals and, accordingly, are reimbursed their cost of providing services to Medicare beneficiaries. Professional services rendered by physicians are paid based on the Medicare allowable fee schedule.

Medicaid – Inpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan at prospectively determined rates per discharge Certain outpatient services are reimbursed based on a cost reimbursement methodology, fee schedules or discounts from established charges

Other – CHI has also entered into payment agreements with certain managed care and commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to CHI under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates

CHI's Medicare, Medicaid and other payor utilization percentages, based upon net patient services revenues, are summarized as follows

	2011	2010
Medicare	30%	30%
Medicaid	8	7
Managed care	39	38
Self-pay	8	8
Commercial and other	15	17
	100%	100%

5. Net Patient Services Revenues (continued)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated settlements related to Medicare and Medicaid of \$44 million and \$48 million at June 30, 2011 and 2010, respectively, are included in third-party liabilities. Net patient services revenues from continuing operations increased by \$33 million in 2011 and \$18 million in 2010 due to favorable changes in estimates related to prior-year settlements. Changes in estimates related to prior-year settlements from discontinued operations were not significant in 2010.

6. Investments and Assets Limited as to Use

CHI's investments and assets limited to use as of June 30 are reported in the accompanying consolidated balance sheets as presented in the following table (in thousands)

2011	2010
\$ 151,808 \$ 4,890,752 419,333 309,117 151,373	178,699 4,217,594 391,939 303,827 103,479
5,922,383	5,195,538
(19,554) \$ 5,902,829 \$	(3,463) 5,192,075
	\$ 151,808 \$ 4,890,752 419,333 309,117 151,373 5,922,383 (19,554)

Net unrealized gains (losses) at June 30, 2011 and 2010 were \$460 million and \$(159) million, respectively

CHI attempts to reduce its market risk by diversifying its investment portfolio using cash equivalents, fixed-income securities, marketable equity securities and alternative investments Most of the U S Treasury and corporate debt obligations as well as exchange-traded marketable securities held by CHI and the Program have an actively traded market However, CHI also invests in money market funds, commercial paper, mortgage-backed or other asset-backed securities, alternative investments (such as hedge funds, private equity investments, funds of funds, etc.), collateralized debt obligations, municipal securities and other investments that have potential complexities in valuation based upon the current conditions in the credit markets. For

6. Investments and Assets Limited as to Use (continued)

some of these instruments, evidence supporting the determination of fair value may not come from trading in active primary or secondary markets. Because these investments may not be readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had an active market for such investments existed. Such differences could be material. However, management reviews the CHI investment portfolio on a regular basis and seeks guidance from its professional portfolio managers related to U.S. and global market conditions to determine the fair value of its investments. CHI believes the carrying amount of these financial instruments in the consolidated financial statements is a reasonable estimate of fair value. Additionally, CHI assesses the risk of impairment related to securities held in its investment portfolio on a regular basis and noted no impairment during the years ended June 30, 2011 and 2010.

Substantially all CHI long-term investments are held in the Program. The Program is structured under a Limited Partnership Agreement with CHI as managing general partner and numerous limited partners, most sponsored by CHI. The partnership provides a vehicle whereby virtually all entities associated with CHI, as well as certain other unrelated entities, can optimize investment returns while managing investment risk. Entities participating in the Program that are not consolidated in the accompanying financial statements have the ability to direct their invested amounts and liquidate and/or withdraw their interest without penalty upon demand. The Limited Partnership Agreement permits a majority vote of the noncontrolled limited partners to terminate the partnership Accordingly, CHI recognizes only the portion of Program assets attributable to CHI and its sponsored affiliates. Program assets attributable to CHI and its direct affiliates represented 84% of total Program assets at June 30, 2011 and 2010.

The Program asset allocation at June 30 is as follows

2011	2010
34% 45 19	38% 41 19
100%	100%
	34% 45 19 2

2010

Direct expenses of the Program are less than 0.4% of total assets. Fees paid to the alternative investment managers are not included in the total expense calculation as they are not a direct expense of the Program

6. Investments and Assets Limited as to Use (continued)

The CHI Investment Committee of the Board of Stewardship Trustees is responsible for determining asset allocations among fixed-income, equity and alternative investments At least annually, the Investment Committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations Given the diversity of the underlying securities in which the Program invests, management does not believe there is a significant concentration of credit risk

Investment income is comprised of the following for the years ended June 30 (in thousands)

		2011	2010
Dividend and interest income Net realized gains Net unrealized gains	\$	122,713 272,538 456,420	\$ 127,582 133,129 202,944
Total investment income from continuing operations	\$	851,671	\$ 463,655
Included in other nonpatient revenue Included in nonoperating gains Total investment income from continuing operations	\$ 	97,907 753,764 851,671	\$ 75,981 387,674 463,655
Total investment income from discontinued operations Total investment income	<u>\$</u>	- 851,671	\$ 8,225 471,880

7. Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date FASB ASC 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement)

The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows

Level 1 – Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets

7. Fair Value of Assets and Liabilities (continued)

Level 2 – Valuation is based upon quoted prices for similar assets and liabilities in active markets or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial asset or liability

Level 3 – Valuation is based upon other unobservable inputs that are significant to the fair value measurement

Certain of CHI's alternative investments are made through limited liability companies (LLCs) and limited liability partnerships (LLPs) These LLCs and LLPs provide CHI with a proportionate share of the investment gains (losses) CHI accounts for its ownership in the LLCs and LLPs under the equity method CHI also accounts for its ownership in the Partnership under the equity method As such, these investments are excluded from the scope of ASC 820

Financial assets and liabilities measured at fair value on a recurring basis were determined using the following inputs at June 30 (in thousands)

	2011 Fair Value Measurements at Reporting Date Using						Using	
			(Level 1)	(Level 2)	(I	Level 3)
	F	air Value	Qu	oted Prices		Other		
		as of		n Active	O	bservable	Uno	bservable
		June 30	1	Markets		Inputs		Inputs
Assets	_							
Assets limited as to use								
Cash and short-term								
investments	\$	151,808	\$	151,808	\$	_	\$	_
Marketable equity securities		309,117		309,117		_		_
Marketable fixed-income								
securities		419,333		_		419,333		_
Other investments		2,257		_		_		2,257
Deferred compensation assets								
Cash and short-term								
investments		12,761		12,761				
	\$	895,276	\$	473,686	\$	419,333	\$	2,257
Liabilities								
Interest rate swaps	\$	116,601	\$	_	\$	116,601	\$	_
Deferred compensation liability		12,761		12,761				_
-	\$	129,362	\$	12,761	\$	116,601	\$	_

7. Fair Value of Assets and Liabilities (continued)

				20	10			
		Fair Value Measurements at Reporting Date Using						J sing
			(Level 1)	(Level 2)	(L	evel 3)
	F	air Value	Qu	oted Prices		Other		
		as of	i	n Active	O	bservable	Uno	bservable
		June 30	ľ	Markets		Inputs	I	nputs
Assets								
Assets limited as to use								
Cash and short-term								
investments	\$	178,699	\$	178,699	\$	_	\$	_
Marketable equity securities		303,827		303,827		_		_
Marketable fixed-income								
securities		391,939		_		391,939		_
Deferred compensation assets								
Cash and short-term								
investments		10,850		10,850		_		_
	\$	885,315	\$	493,376	\$	391,939	\$	_
Liabilities								
Interest rate swaps	\$	143,477	\$	_	\$	143,477	\$	_
Deferred compensation liability		10,850		10,850		_		_
-	\$	154,327	\$	10,850	\$	143,477	\$	_

The fair values of the securities included in Level 1 were determined through quoted market prices. Level 1 securities include money market funds, mutual funds and marketable debt and equity securities. The fair values of Level 2 securities were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads, estimated prepayment rates, where applicable, are used for valuation purposes and are provided by third-party services where quoted market values are not available. Level 2 investments include corporate fixed—income securities, government bonds, mortgage and asset-backed securities. The fair values of Level 3 securities are determined primarily through information obtained from the relevant counterparties for such investments. Information on which these securities' fair values are based is generally not readily available in the market.

8. Property and Equipment

A summary of property and equipment is as follows as of June 30 (in thousands)

	2011	2010
Land and improvements	\$ 341,256	\$ 330,327
Buildings and improvements	5,028,785	4,438,362
Equipment	3,822,370	3,572,304
	9,192,411	8,340,993
Less accumulated depreciation	(4,635,108)	(4,351,433)
	4,557,303	3,989,560
Construction in progress	378,216	716,349
	\$ 4,935,519	\$ 4,705,909

CHI evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, equipment and certain other intangible assets may not be recoverable Management determined there were impairment issues in both 2011 and 2010, to the extent that the undiscounted cash flows estimated to be generated by certain assets were less than the underlying carrying value CHI recorded \$7.9 million and \$36.8 million in impairment losses in 2011 and 2010, respectively, resulting from charges related to projected discounted cash flow deficits at various MBOs. In addition, impairment charges of \$0.3 million related to the assets held for sale have been included in discontinued operations in the consolidated statement of changes in net assets in 2010.

9. Debt Obligations

The following is a summary of debt obligations as of June 30 (in thousands)

Long-Term Debt	Interest Rate	2011		2010
CHI bond issues under the COD				
Series 1997B Variable-rate Bonds	0 11%*	\$ 24,400	\$	27,100
Series 2000B Variable-rate Bonds	0 10%*	81,800		87,400
Series 2002B Variable-rate Bonds	0 08%*	106,100		108,800
Series 2004B Variable-rate Bonds	0 10%*	290,900		298,200
Series 2008A Variable-rate Bonds	0 13%*	120,260		120,260
Series 2004C Variable-rate Bonds		,		
with self-liquidity	0 05%*	163,400		163,400
Series 1989A Fixed-rate Bonds	7 00%	3,390		4,100
Series 1995C Fixed-rate Bonds	4 80-5 50%	10,145		12,360
Series 1997A Fixed-rate Bonds	4 40-5 25%	12,950		14,330
Series 2000A Fixed-rate Bonds	4 25-6 00%	39,600		45,740
Series 2002A Fixed-rate Bonds	4 00-5 50%	4,845		5,520
Series 2004A Fixed-rate Bonds	4 75-5 00%	146,605		146,605
Series 2004D Fixed-rate Bonds	3 50%	_		56,775
Series 2006A Fixed-rate Bonds	4 00-5 00%	384,135		384,135
Series 2006C Fixed-rate Bonds	3 85-5 10%	250,000		250,000
Series 2008C Fixed-rate Bonds	4 00-5 00%	215,000		275,000
Series 2008D Fixed-rate Bonds	5 00-6 25%	473,950		473,950
Series 2009A Fixed-rate Bonds	2 00-5 00%	794,345		817,565
Series 2009B Fixed-rate Bonds	5 00%	 260,995		260,995
		3,382,820		3,552,235
Commercial paper		617,400		550,625
Other long-term debt and capital leases		 122,382		97.817
		4,122,602		4,200,677
Variable-rate debt with self-liquidity and				
current portion of long-term debt		(999,601)	(1,019,712)
Long-term debt		\$ 3,123,001		3,180,965

^{*}Represents average rate of interest from July 1, 2010 to June 30, 2011

The fair value of debt obligations was approximately \$4 2 billion at June 30, 2011 Management has determined the carrying value of the variable-rate bonds are representative of fair values as of June 30, 2011, as the interest rates are set by the market participants. The fair value of the fixed-rate tax-exempt bond obligations as of June 30, 2011 is determined by applying credit spreads for similar tax-exempt obligations in the marketplace, which are then used to calculate a price/yield for the outstanding obligations

9. Debt Obligations (continued)

A summary of scheduled principal payments on long-term debt for the next five years is as follows (in thousands)

	Am	ounts Due
Year Ending June 30		
2012	\$	836,201
2013		165,772
2014		168,572
2015		163,383
2016		181,132

CHI issues the majority of its debt under the COD and is the sole obligor Bondholder security resides both in the unsecured promise by CHI to pay its obligations and in its control of its Direct and Designated Affiliates Covenants include a minimum CHI debt service coverage ratio and certain limitations on secured debt The Direct Affiliates of CHI, defined as Participants under the COD, have agreed to certain covenants related to corporate existence, maintenance of insurance and exempt use of bond-financed facilities

In July 2010, CHI converted the interest rate mode on \$120.3 million of variable-rate demand bonds to Index Notes. These bonds were previously recorded on the balance sheet as variable-rate demand bonds supported by CHI's self-liquidity. The conversion was accomplished through a direct purchase by Wells Fargo Bank. Wells Fargo Bank will hold the bonds through the initial three-year index rate term. This transaction was accounted for as an extinguishment of debt.

In November 2010, CHI issued \$116.8 million of Taxable Commercial Paper Notes, the proceeds of which were used to redeem \$60.0 million of the outstanding Colorado Health Facilities Authority Variable Rate Revenue Bonds (Catholic Health Initiatives) Series 2008C-6 and \$56.8 million of the outstanding Kentucky Economic Development Finance Authority Variable Rate Revenue Bonds (Catholic Health Initiatives) Series 2004D, all of which bore interest at long-term interest rates and were subject to mandatory tender on November 10, 2010 (the end of the then-current long-term interest rate period) CHI intends to refinance this interim taxable borrowing on a long-term basis through the issuance of additional bonds in 2011

In November 2009, CHI issued \$1 14 billion of fixed-rate and put bonds in the states of Colorado, Kentucky and Ohio for the benefit of CHI and Alegent Proceeds were used to redeem \$379 million of existing debt, including \$241 6 million in variable-rate debt with self-liquidity, as well as to reimburse CHI and participants of the COD for capital expenditures in the amount of \$579 3 million Concurrent with the issuance of these bonds, CHI converted the interest rate

9. Debt Obligations (continued)

mode on \$55 million of Series 2008 bonds, which were subject to mandatory tender on November 10, 2009, to a long-term interest period extending through November 12, 2015, and redeemed the remaining \$25 million of Series 2008 bonds subject to mandatory redemption on November 10, 2009 These bonds had been used to finance facilities of the divested Missouri operations This refinancing resulted in a loss on defeasance of \$10 million

In January 2010, CHI legally defeased bonds in the amount of \$33.4 million related to divested Missouri operations. In June 2010, CHI legally defeased bonds in the amount of \$24.1 million related to the divestiture of certain facilities in Oregon. This resulted in net losses on defeasance of \$1.5 million.

In June 2010, CHI recognized gains of \$5 4 million from the restructuring of escrowed securities held by trustees. These escrowed securities, which are not recorded for financial reporting purposes, totaled \$393 7 million and \$410 9 million at June 30, 2011 and 2010, respectively Gains (losses) on escrow restructuring and defeasance of debt are recorded as a component of nonoperating gains (losses) in the consolidated statements of operations and changes in net assets CHI reported a net gain on escrow restructuring and defeasance of debt of \$2 9 million for the year ended June 30, 2010

CHI has two types of external liquidity facilities those that are dedicated to specific series of variable-rate demand bonds (VRDBs) and those that are not dedicated to a particular series of VRDBs but may be used to support CHI's obligations to fund tenders of VRDBs and pay the maturing principal of commercial paper Liquidity facilities that are dedicated to specific series of bonds were \$623.5 million and \$521.5 million at June 30, 2011 and 2010, respectively. The dedicated liquidity facilities and repayment terms on any associated drawings extend beyond the subsequent fiscal year but due to the terms of the specific agreements, \$604.7 million and \$503.2 million at June 30, 2011 and 2010, respectively, are reported as long-term debt, and \$18.8 million and \$18.3 million at June 30, 2011 and 2010, respectively, of the dedicated facilities are required to be classified as current

Liquidity facilities not dedicated for specific series of VRDBs but used to support CHI's obligations to fund tenders and to pay maturing principal of commercial paper were \$565 million and \$690 million at June 30, 2011 and 2010, respectively At June 30, 2011, \$617 4 million of commercial paper was classified as current due to maturities of less than one year, and \$163 4 million of VRDBs were classified as current due to the holder's ability to put such VRDBs back to CHI without liquidity facilities dedicated to these bonds

9. Debt Obligations (continued)

At June 30, 2011, CHI had a \$65 million credit facility with Wells Fargo Bank Letters of credit totaling \$41 3 million have been issued for the benefit of third parties, principally in support of the self-insurance programs administered by FIIL At June 30, 2011 and 2010, no amounts were outstanding under this credit facility

CHI is a party to seven floating-to-fixed interest rate swap agreements with notional amounts totaling \$942 8 million and \$953 7 million at June 30, 2011 and 2010, respectively Generally, it is CHI policy that all counterparties have an AA rating or better These fixed-payor swap agreements convert CHI's variable-rate debt to fixed-rate The seven swaps have varying maturity dates ranging from May 2025 to December 2036 The fair value of the swaps is estimated based on the present value sum of anticipated future net cash settlements until the swaps' maturities At June 30, 2011 and 2010, the fair value was \$116 6 million and \$143 5 million, respectively The fair value was reported net of cash collateral balances of \$47 0 million and \$51 1 million at June 30, 2011 and 2010, respectively, and is recorded in other liabilities The change in the fair value of these agreements was a net gain of \$26 9 million and a net loss of \$(46 4) million in 2011 and 2010, respectively

10. Retirement Plans

CHI and its direct affiliates maintain noncontributory, defined benefit retirement plans (Plans) covering substantially all employees Benefits in the Plans are based on compensation, retirement age and years of service Vesting occurs over a five-year period Substantially all of the Plans are qualified as church plans and are exempt from certain provisions of both the Employee Retirement Income Security Act and Pension Benefit Guaranty Corporation premiums and coverage Funding requirements are determined through consultation with independent actuaries

CHI recognizes the funded status (that is, the difference between the fair value of plan assets and the projected benefit obligations) of its Plans in the consolidated balance sheets, with a corresponding adjustment to net assets Actuarial gains and losses that arise and are not recognized as net periodic pension cost in the same periods are recognized as a component of net assets

10. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets and funded status of the Plans at the June 30 measurement dates is as follows (in thousands)

	2011	2010
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 2,648,696	\$ 2,250,025
Service cost	167,444	150,082
Interest cost	143,536	145,840
Actuarial (gain) loss	(80,030)	210,728
Net impact of transfers among plans	_	(4,071)
Benefits paid	(111,340)	(103,666)
Expenses paid	(318)	(242)
Benefit obligation, end of year	2,767,988	2,648,696
Change in the Plans' assets Fair value of the Plans' assets, beginning of year Actual return on the Plans' assets, net of expenses Employer contributions Net impact of transfers among plans Benefits paid Expenses paid Fair value of the Plans' assets, end of year	1,917,500 454,343 192,280 - (111,340) (318) 2,452,465	162,451 (4,128)
Funded status of the Plans	\$ (315,523)	\$ (731,196)
End-of-year values Projected benefit obligation Accumulated benefit obligation	\$ 2,767,988 2,598,491	<u>, , , , , , , , , , , , , , , , , , , </u>

Included in net assets at June 30, 2011 are the following amounts that have not yet been recognized in net periodic pension cost unrecognized prior service cost of \$1 1 million and unrecognized actuarial losses of \$650 1 million. The prior service cost and actuarial loss included in net assets and expected to be recognized in net periodic pension cost during the fiscal year ending June 30, 2012 is \$0.2 million and \$38.4 million, respectively

10. Retirement Plans (continued)

The components of net periodic pension expense are as follows (in thousands)

	2011	2010
Components of net periodic pension expense		
Service cost	\$ 167,444 \$	150,082
Interest cost	143,536	145,840
Expected return on the Plans' assets	(183,365)	(174,141)
Amortization of prior service benefit	893	1,609
Actuarial losses	 47,550	18,726
	\$ 176,058 \$	142,116
Weighted-average assumptions		
Discount rate, beginning of year	5.24%	6 44%
Discount rate, end of year	5.39	5 24
Expected return on the Plans' assets	8.00	8 00
Rate of compensation increase	4.25	4 50

The assumption for the expected return on the Plans' assets is based on historical returns and adherence to the asset allocations set forth in the Plans' investment policies. The expected return on the Plans' assets for determining pension cost was 80% in 2011 and 2010. The increase in the discount rate to 539% at June 30, 2011 decreased the pension benefit obligation by approximately \$41 million.

A summary of the Plans' asset allocation targets, ranges by asset class and allocations by asset class at the measurement dates of June 30 is as follows

_	2011	2010	Target	Range
Fixed-income securities	26 1%	24 6%	27 5%	22 5% to 32 5%
Equity securities	53 7	53 6	52 5	47 5 to 57 5
Alternative investments	20 2	21 8	20 0	20 0 to 25 0

The Plans' assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk Diversification is achieved by allocating assets to various asset classes and investment styles and by retaining multiple investment managers with complementary philosophies, styles and approaches Although the objective of the Plans is to maintain asset allocations close to target, temporary periods may exist

10. Retirement Plans (continued)

where allocations are outside of the expected range due to market conditions. The use of leverage is prohibited except as specifically directed in the alternative investment allocation. The portfolio is managed on a basis consistent with the CHI social responsibility guidelines.

The Plans' assets measured at fair value on a recurring basis were determined using the following inputs at June 30 (in thousands)

2011
Fair Value Measurements at Reporting Date Using

		ran value Measurements at Reporting Date Using							
				(Level 1)	(Level 2)	((Level 3)	
_		Fair Value as of June 30		Quoted Prices in Active Markets		Other Observable Inputs		Unobservable Inputs	
Cash and short-term investments Marketable equity securities	\$	133,920 1,276,810	\$	80,363 1,276,810	\$	53,557	\$		
Marketable fixed-income securities Alternative investments		547,052 494,683		122,806		424,246		- 494,683	
	\$	2,452,465	\$	1,479,979	\$	477,803	\$	494,683	

2010

		2010								
	Fair Value Measurements at Reporting Date Using									
				(Level 1)	((Level 2)	(Level 3)			
	I	Fair Value	Qι	ioted Prices		Other				
		as of		in Active	0	bservable	Unobservable			
		June 30		Markets		Inputs	Inputs			
Cash and short-term										
investments	\$	89,957	\$	46,485	\$	43,472	\$	_		
Marketable equity securities		1,008,042		1,008,042		_		_		
Marketable fixed-income										
securities		404,422		69,044		335,378		_		
Alternative investments		415,079		_		_		415,079		
	\$	1,917,500	\$	1,123,571	\$	378,850	\$	415,079		

10. Retirement Plans (continued)

For the year ended June 30, 2011, the changes in the fair value of the Plans' investments, for which Level 3 inputs were used, are as follows (in thousands)

Beginning investments at fair value	\$ 415,079
Purchases of investments	41,499
Proceeds from sale of investments	(23,322)
Net change in unrealized appreciation on investments	
and effect of foreign currency translation	43,066
Net realized gains on investments	18,369
Net transfers out of Level 3	 (8)
Ending investments at fair value	\$ 494,683

CHI expects to contribute \$180 million to the Plans in fiscal year 2012 A summary of expected benefits to be paid to the Plans' participants and beneficiaries is as follows (in thousands)

012 013 014 015	Estimated Payments
Year Ending June 30	
2012	\$ 153,730
2013	146,298
2014	160,203
2015	179,347
2016	212,555
2017–2020	1,377,113

11. Concentrations of Credit Risk

CHI grants credit without collateral to its patients, most of whom are insured under third-party payor agreements CHI's exposure to credit risk on patient accounts receivable is limited by the geographical diversity of its MBOs. The mix of receivables from patients and third-party payors at June 30 approximated the following

	2011	2010
Medicare	23%	24%
Medicaid	7	8
Managed care	36	34
Self-pay	10	9
Commercial and other	24	25
	100%	100%

CHI maintains long-term investments with various financial institutions and investment management firms through its investment program, and its policy is designed to limit exposure to any one institution or investment Management does not believe there are significant concentrations of credit risk at June 30, 2011 and 2010

12. Commitments and Contingencies

Litigation

During the normal course of business, CHI may become involved in litigation Management assesses the probable outcome of unresolved litigation and records estimated settlements. After consultation with legal counsel, management believes that any such matters will be resolved without material adverse impact to the consolidated financial position or results of operations of CHI

Health Care Regulatory Environment

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse. Management believes CHI is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs. Compliance with such laws and regulations is complex and can be subject to

12. Commitments and Contingencies (continued)

future governmental interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs Certain CHI entities have been contacted by governmental agencies regarding alleged violations of Medicare practices for certain services In the opinion of management after consultation with legal counsel, the ultimate outcome of these matters will not have a material adverse effect on CHI's consolidated financial position

In June 2008, one of CHI's MBOs was notified by the Office of Inspector General of the U S Department of Health and Human Services of its investigation into certain activities including, but not limited to, the relationship with a physician group at the MBO In July 2009, an agreement in principle was reached with the Office of the Attorney General to resolve the matter, and CHI recorded a liability of \$22 million at June 30, 2010 This agreement in principle received government approval in November 2010 and the liability was paid by the MBO

Operating Leases

Future minimum lease payments required for the next five years and thereafter for all operating leases that have initial or remaining noncancelable lease terms in excess of one year at June 30, 2011, are as follows (in thousands)

	<u>Am</u>	Amounts Due	
Year Ending June 30			
2012	\$	129,905	
2013		117,175	
2014		73,564	
2015		57,637	
2016		50,475	
Thereafter		154,642	
	\$	583,398	

Lease expense under operating leases for continuing operations for the years ended June 30, 2011 and 2010 totaled approximately \$157 million and \$145 million, respectively Lease expense under operating leases for discontinued operations was not significant in 2010

13. Insurance Programs

FIIL, a wholly owned captive insurance company of CHI, provides hospital professional liability, employment practices liability and commercial general liability coverage, primarily to MBOs related to CHI either on a directly written basis or through reinsurance fronting relationships with commercial carriers such as PPIC Policies written provide coverage with primary limits in the amount of \$8 million for each and every claim At June 30, 2011 and 2010, investments and assets limited as to use held for insurance purposes included \$58 million and \$69 million, respectively, as collateral for the reinsurance fronting arrangement with PPIC In addition, CHI purchases excess insurance of \$150 million per claim and in the aggregate for professional and general liability risks from commercial carriers

FIIL provides workers' compensation coverage, either on a directly written basis or through reinsurance fronting relationships with commercial carriers for amounts above \$1 million per claim Coverage of \$500,000 in excess of \$500,000 per claim is reinsured with an unrelated commercial carrier FIIL also underwrites the property and casualty risks of CHI for up to \$1 million per claim Unrelated commercial insurance carriers reinsure losses in excess of the perclaim limits

The liability for self-insured reserves and claims represents the estimated ultimate net cost of all reported and unreported losses incurred through June 30 The reserves for unpaid losses and loss adjustment expenses are estimated using individual case-based valuations, statistical analyses and the expertise of an independent actuary

The estimates for loss reserves are subject to the effects of trends in loss severity and frequency Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically, with consultation from independent actuaries, and any adjustments to the loss reserves are reflected in current operations. As a result of these reviews of claims experience, estimated reserves were reduced by \$19 million and \$77 million in 2011 and 2010, respectively, due to favorable loss development. The reserves for unpaid losses and loss adjustment expenses relating to the workers' compensation program were discounted, assuming a 4% annual return at June 30, 2011 and 2010, to a present value of \$148.8 million and \$139.2 million at June 30, 2011 and 2010, respectively, and represented a discount of \$32.2 million and \$32.5 million in 2011 and 2010, respectively. Reserves related to professional liability, employment practices and general liability are not discounted

13. Insurance Programs (continued)

FIIL holds \$715 7 million and \$658 4 million of investments held for insurance purposes as of June 30, 2011 and 2010, respectively Distribution of amounts from FIIL to CHI are subject to the approval of the Cayman Island Monetary Authority CHI established a captive management operation (Captive Management Initiatives, Ltd) based in the Cayman Islands, which currently manages FIIL as well as operations of other unrelated parties

CHI, through its Welfare Benefit Administration and Development Trust, provides comprehensive health and dental coverage to certain employees and dependents through a self-insured medical plan Accounts payable and accrued expenses include \$45 million and \$50 million for unpaid claims and claims adjustment expenses for CHI's self-insured medical plan at June 30, 2011 and 2010, respectively Those estimates are subject to the effects of trends in loss severity and frequency Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate The estimates are reviewed periodically and, as adjustments to the liability become necessary, such adjustments are reflected in current operations CHI has stop-loss insurance to cover unusually high costs of care beyond a predetermined annual amount per enrolled participant

14. Subsequent Events

CHI's management has evaluated events subsequent to June 30, 2011 through September 13, 2011, which is the issuance date of this report. There have been no material events noted during this period that would either impact the results reflected in this report or CHI's results going forward, except as disclosed below

Statewide Health Care Network in Kentucky

Effective in June 2011, CHI entered into a formal agreement with two other parties, Jewish Hospital and St Mary's HealthCare/Jewish Hospital HealthCare Services, and the University of Louisville Hospital/James Graham Brown Cancer Center, to create a new statewide health care network in Kentucky The new network would serve more than two million patients annually at more than 91 locations, ranging from critical access hospitals to major quaternary facilities capable of transplant procedures The agreement provides CHI with a 70% controlling interest in the new network and calls for CHI to make a \$320 million capital investment The new network is pending regulatory and Church approvals

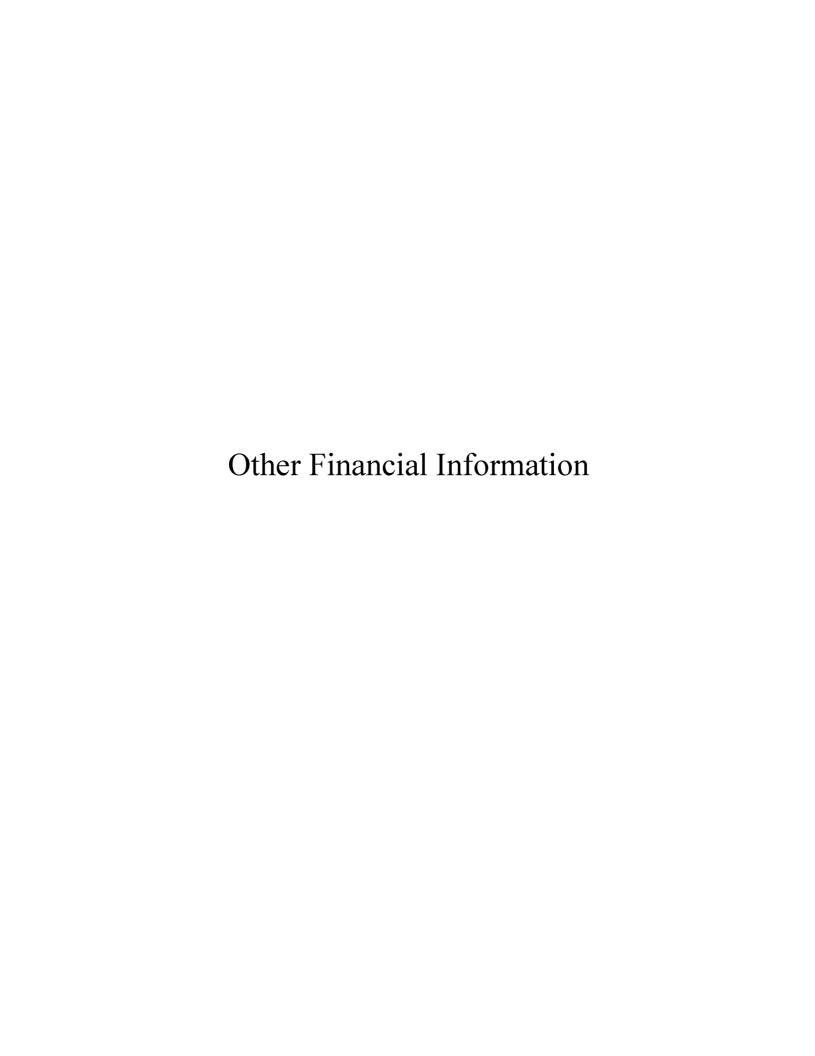
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14. Subsequent Events (continued)

Nebraska Heart Institute and Nebraska Heart Hospital

Effective in August 2011, CHI acquired Nebraska Heart Institute and Nebraska Heart Hospital for cash proceeds of \$131 million CHI is currently in the process of finalizing the purchase price allocation

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Ernst & Young LLP Suite 3300

Suite 3300 370 17th Street Denver, CO 80202

Tel +1 720 931 4000 Fax +1 720 931 4444 www ey com

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Report of Independent Auditors on Other Financial Information

Board of Stewardship Trustees Catholic Health Initiatives

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements of Catholic Health Initiatives as a whole. The following consolidating financial information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and, in our opinion, based on our audits and the report of other auditors, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

September 13, 2011

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Catholic Health Initiatives Consolidating Balance Sheet

June 30, 2011 (In Thousands)

				CHI Welfare		Eliminations	
	MBOs	Corporate	FIIL	Benefits Trust	Other	and Adjustments	Consolidated
Assets							
Current assets							
Cash and equivalents	\$ 432,606	\$ (54.915) \$	102	\$ 28,377 \$	3,504	\$ 40,000	\$ 449.674
Net patient accounts receivable, less allowance							
of`\$65().617	1,133,819	=	_	=	_	_	1,133,819
Other accounts receivable	92,252	106,004	(2.319)	469	11.624	(99,182)	108,848
Current portion of investments and assets limited as to use	58,146	1.408	_	_	_	(40,000)	19,554
Inventories	173,316	_	_	_	_	_	173,316
Assets held for sale	23,987	-	_			_	23,987
Prepaid and other	47,838	22,760	17	157	33	_	70,805
Total current assets	1.961.964	75.257	(2.200)	29,003	15,161	(99,182)	1,980,003
Investments and assets limited as to use							
Internally designated for capital and other funds	2.904,604	1.625.262	_	87.315	_	_	4.617.181
Mission and Ministry Fund	_	117.832	_	_	_	_	117.832
Capital Resource Pool	_	268,690	_	_	_	_	268,690
Held by trustees	5,488	_	_	_	_	_	5,488
Held for insurance purposes	23,363	_	715,708	_	_	_	739,071
Restricted by donors	152,122	2,445	_	-		_	154,567
Total investments and assets limited as to use	3,085,577	2,014,229	715,708	87.315	_	_	5,902,829
Property and equipment, net	4,704,801	229,312	_	_	1,406	_	4.935.519
Deferred financing costs	568	11,253	_	_	_	_	11,821
Investments in unconsolidated organizations	262,629	135,664	_	_	11,127	(55.971)	353,449
Intangible assets	57,486	_	_	_	_	_	57.486
Notes receivable and other	65,750	2,586,254	21,620	_	_	(2,033,597)	640,027
Total assets	\$ 10,138,775	\$ 5,051,969 \$	735,128	\$ 116,318 \$	27,694	\$ (2,188,750)	\$ 13,881,134

Continued on following page

Catholic Health Initiatives Consolidating Balance Sheet (continued)

June 30, 2011 (In Thousands)

				CHI Welfare		Eliminations	
	MBOs	Corporate	FIIL	Benefits Trust	Other	and Adjustments	Consolidated
Liabilities and net assets							
Current liabilities							
Compensation and benefits	\$ 344,238	\$ 62,037	\$ -	\$ 964 \$	1,136	\$ -	\$ 408,375
Third-party liabilities	66,283	_	_	_	_	_	66,283
Accounts payable and accrued expenses	521,312	133,604	3,893	45,378	2,395	(99,182)	607,400
Variable-rate debt with self liquidity	_	163,400	=	=	_	=	163,400
Current portion of long-term debt	179.244	780,190	_	_	_	(123,233)	836,201
Total current liabilities	1,111,077	1,139,231	3,893	46,342	3,531	(222.415)	2,081,659
Pension liability	5.619	309,904	_	_	_	_	315,523
Self-insured reserves and claims	13,467	17.446	418.027	_	_	_	448,94()
Other liabilities	163,729	105,934	_	_	(1)	-	269,662
Long-term debt	1.976,735	3,056,630	_	_		(1,910,364)	3,123,001
Total liabilities	3,270,627	4,629,145	421,920	46.342	3,530	(2.132.779)	6.238.785
Net assets							
Net assets attributable to CHI	6.676.445	420,339	313,208	69.976	24,164	(55.971)	7,448,161
Net assets attributable to noncontrolling interests	8,967	_	_	_	_	_	8,967
Unrestricted	6,685,412	420,339	313,208	69,976	24,164	(55,971)	7,457,128
Temporarily restricted	120,310	2,485	_	_	_	_	122,795
Permanently restricted	62,426	_	_	_	_	_	62,426
Total net assets	6,868,148	422,824	313.208	69.976	24,164	(55.971)	7.642.349
Total liabilities and net assets	\$ 10,138,775	\$ 5,051,969	\$ 735,128	\$ 116,318 \$	27,694	\$ (2,188,750)	\$ 13,881,134

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Catholic Health Initiatives Consolidating Statement of Operations

Year Ended June 30, 2011 (In Thousands)

	MBOs	Corporate	FIIL	CHI Welfare Benefits Trust		Eliminations nd Adjustments	Consolidated
Revenues Net patient services	\$ 9 109 778	\$ - \$	- \$	- \$	- \$	(104 800) \$	9 004 978
ret patent services	J 2102770	J J	J	, ,	J	(1/14/0///)	2100
Nonpatient							
Donations	24 620	19	_	_	-	-	24 639
Changes in equity of unconsolidated organizations	28 989	10 864	_	_	(678)	(1 116)	38 059
Investment income from self-insured trust funds	_	-	97 907	_	-	-	97 907
Other	313 824	779 020	98 556	368 939	4 350	(1 098 504)	466 185
Total nonpatient revenues	367 433	789 903	196 463	368 939	3 672	(1 099 620)	626 790
Total operating revenues	9 477 211	789 903	196 463	368 939	3 672	(1/204/420)	9 631 768
Expenses							
Salaries and wages	3 408 645	213 891	-	-	10 270	(45)	3 632 761
Employee benefits	845 812	41 378	-	349 333	1 428	(464 911)	773 040
Purchased services medical professional fees consulting and legal	1 056 960	93 578	475	1 502	993	(286 359)	867 149
Supplies	1 541 454	7 974	_	_	266	_	1 549 694
Bad debts	718 577	-	-	-	-	-	718 577
Utilities	112 116	10 052	_	-	27	-	122 195
Rentals leases maintenance and insurance	307 774	267 164	110 019	-	873	(196 039)	489 791
Depreciation and amortization	443 554	26 772	=	=	343	=	470 669
Interest	93 066	136 833	_	_	-	(96 476)	133 423
Other	617 706	33 503	453	569	731	(159 474)	493 488
Total operating expenses before restructuring impairment							
and other losses	9 145 664	831 145	110 947	351 404	14 931	(1 203 304)	9 250 787
Income (loss) from operations before restructuring impairment							
and other losses	331 547	(41.242)	85 516	17 535	(11/259)	(1 116)	380 981
Restructuring impairment and other losses	25 085	570	_	_	_	_	25 655
Income (loss) from operations	306 462	(41.812)	85 516	17 535	(11 259)	(1 116)	355 326
Nonoperating gains (losses)							
Investment income net	449 528	294 195	_	9 945	96	-	753 764
Gain on escrow restructuring and defeasance of bonds net	=	=	=	=	=	=	=
Realized and unrealized losses on interest rate swaps	-	(4.870)	-	-	-	-	(4.870)
Other nonoperating gains	16 462	=	=	=	=	=	16 462
Total nonoperating gains	465 990	289 325	_	9 945	96	_	765 356
Excess (deficiency) of revenues over expenses	\$ 772,452	\$ 247,513 \$	85,516 \$	27,480 \$	(11,163) \$	(1,116) \$	1,120,682
Excess of revenues over expenses attributable to noncontrolling interest	\$ 3 298	\$ - \$	- \$	- \$	- \$	- \$	3 298
,	y 5 250	y		, J	J		3 270
Excess (deficiency) of revenues over expenses attributable to CHI	\$ 769 154	\$ 247 513 \$	85 516 \$	27 480 \$	(11 163) \$	(1 116) \$	1 117 384

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