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DLN: 93493132009652

# -orm 990

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)

2010

Open to Public
Inspection

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

C Name of organization Catholic Health Initiatives-Colorado  Doing Business As  Number and street (or P O box if mail is not delivered to street address)  188 Inverness Drive West  City or town, state or country, and ZIP + 4 Englewood, CO 80112  F Name and address of principal officer Gary Campbell  188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112  ppt status	Room/suite  (303  G Gross  H(a) Is this a group return  H(b) Are all affiliates in	ohone 3)29 s recei	e <b>number</b> 0-6500 pts \$ 1,376,377,508
Doing Business As  Number and street (or P O box if mail is not delivered to street address)  188 Inverness Drive West  City or town, state or country, and ZIP + 4 Englewood, CO 80112  F Name and address of principal officer Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	Room/suite (303  G Gross  H(a) Is this a group return  H(b) Are all affiliates in	ohone 3)29 s recei	0-6500 pts \$ 1,376,377,508
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return pending  F Name and address of principal officer Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	G Gross  H(a) Is this a group return  H(b) Are all affiliates in	recei	ipts \$ 1,376,377,508
Teturn  City or town, state or country, and ZIP + 4 Englewood, CO 80112  F Name and address of principal officer Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	G Gross  H(a) Is this a group return  H(b) Are all affiliates in	recei	ipts \$ 1,376,377,508
F Name and address of principal officer Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	H(a) Is this a group return H(b) Are all affiliates in	n for affi	
F Name and address of principal officer Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	<b>H(b)</b> Are all affiliates in		lliates? Yes V No
Gary Campbell 188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	<b>H(b)</b> Are all affiliates in		iliates? Yes Vo
188 Inverness Dr W Ste 500 ENGLEWOOD, CO 80112	<b>H(b)</b> Are all affiliates in		
ENGLEWOOD,CO 80112	` '	nclude	
pt status	If "No," attach		•
pt status	H(c) Group exempt		st (see instructions)
	H(c) Group exemp	cion i	Tumber F 0320
::► WWW CENTURA ORG			
ganization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year of formation 19	968	<b>M</b> State of legal domicile CO
Summary	I		
Briefly describe the organization's mission or most significant activities			
Catholic Health Initiatives-Colorado is a faith based organization that invests in	charity care, commu	nity p	programs and
sponsorships designed to nurture the health of the people of Colorado			
·	more than 25% of its ا		assets
			3
			0
			9,154
			1,903
			4,271,243
vet unrelated business taxable income from Form 990-1, fine 34	Dries Vees	/B	-236,619 Current Year
Contributions and grants (Part VIII line 1h)		890	10,805,004
			1,339,434,965
			10,958,185
			14,105,541
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	, ,		
12)		-	1,375,303,695
	1,070,		5,689,976
		0	0
	445,908,	679	492,351,983
,		0	0
Total fundraising expenses (Part IX, column (D), line 25) ▶0			
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	810,045,	737	833,835,072
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,257,024,	472	1,331,877,031
Revenue less expenses Subtract line 18 from line 12	50,462,	210	43,426,664
		nt	End of Year
Tabel accept (Dart V. Inna 16)		343	
		-	1,509,772,213
			412,376,624 1,097,395,589
	991,043,	200	1,097,393,369
	riefly describe the organization's mission or most significant activities atholic Health Initiatives-Colorado is a faith based organization that invests in ponsorships designed to nurture the health of the people of Colorado  heck this box   if the organization discontinued its operations or disposed of umber of voting members of the governing body (Part VI, line 1a)	riefly describe the organization's mission or most significant activities atholic Health Initiatives-Colorado is a faith based organization that invests in charity care, commuponsorships designed to nurture the health of the people of Colorado  heck this box	theck this box

OHIII	990 (2010)					Page
ar	Statement of F Check if Schedule			<b>lishments</b> uestion in this Part III		
	Briefly describe the orga	nization's mission	on		ARE ILL AND BY NURTURII	
2	Did the organization unde the prior Form 990 or 990 If "Yes," describe these n	)-EZ?		ervices during the year		┌ Yes ┌ No
3	Did the organization ceas services?	e conducting, o	r make sıgnıfıcar • • • •	_		┌ Yes ┌ No
ı	Describe the exempt purp	ose achieveme 1(c)(4) organiz	nts for each of th ations and secti	on 4947(a)(1) trusts a	largest program services by re required to report the am service reported	
la	(Code See Schedule H	) (Expenses \$	1,127,483,517	including grants of \$	5,689,976 ) (Revenue \$	1,340,016,487)
lb	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
lc	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
d	Other program services (Expenses \$		chedule O )	f\$	) (Revenue \$	)
le	Total program service ex		1,127,483,51			·

art IV	Checkl	ist of	Required	<b>Schedules</b>

			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 $I^{\bullet}$	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 1	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? If "Yes," complete Schedule D, Part II	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 $V^{\square}$	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		No
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	Yes	
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
b	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> "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "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? <b>Note.</b> 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	Yes	
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		No
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		No
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		No
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			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
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		No
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		No
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 $\bigcirc$ Yes $\square$ No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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			
	Initiation fees and capital contributions included on Part VIII, line 12			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13c			
<b>[</b> 4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140

**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.

itains a response to any question in					

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following		.,	
a	The governing body?	8a	Yes	
Ь	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 reached at the 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 Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		.,	
L	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
U	Describe in Schedule O the process, if any, used by the organization to review this Point 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	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 decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ı.	taxable entity during the year?	16a	Yes	
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
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  Own website. Another's website. Upon request.			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

Kyle Engman 188 Inverness Drive West 500

Englewood, CO 80112 (303) 804-8108

### 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi	((	C) Chec	ck al			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Key employee	Former Highest compensated employee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JOHN DICOLA BOARD MEMBER/SVP CHI	1 0	Х							777,628	135,638
(2) MICHAEL ROWAN BOARD MEMBER/EVP CHI COO	1 0	Х							1,341,312	185,967
(3) JAMES SWINDLE BOARD MEMBER/EVP CHI CFO	1 0	Х							847,147	80,978
(4) GARY CAMPBELL CEO/PRESIDENT	1 0			х						
(5) KRIS ORDELHEIDE SECRETARY/SVP LEGAL SVCS	1 0			х						
(6) RANDOLPH SAFADY TREASURER/EVP CFO	1 0			Х						
(7) DANIEL REEVES CFO - PENROSE ST FRANCIS	40 0				Х			219,330		24,673
(8) MARGARET SABIN CEO - PENROSE ST FRANCIS	40 0				Х			603,308		104,633
(9) DAVID THOMPSON CFO - ST ANTHONY CENTRAL	40 0				Х			307,684		23,853
(10) JAMESON SMITH COO - PENROSE ST FRANCIS	40 0				Х			271,811		29,441
(11) PETER MAKOWSKI CEO - ST ANTHONY HOSPITAL	40 0				Х			597,173		90,807
(12) MICHAEL DREWEK PHYSICIAN	40 0					Х		704,655		27,023
(13) A STEWART LEVY PHYSICIAN	40 0					Х		870,382		14,293
(14) JOHN MEHALL PHYSICIAN	40 0					Х		723,294		37,128
(15) JOHN NICHOLS PHYSICIAN	40 0					Х		647,647		41,980
(16) DIRK PIKAART PHYSICIAN	40 0					Х		684,021		11,784

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

		_												
	(A) Name and Title	(B) Average hours		tion ( that a			II		Rep comp	( <b>D)</b> ortable ensation	(E) Reportable compensation	- 1	(F) Estima mount o	ted fother
		per week (describe hours for related organizations	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensated employee	Former	organız	m the zation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	0	compens from t rganızatı relate organıza	he on and ed
		Schedule	<u> </u>	stee		"	Ĕ P							
		0)					<del>  -</del>					+		
												+		
												+		
												+		
												_		
1b	Sub-Total	<del>'</del>			٠.	٠.	<del>'</del>	<b>&gt;</b>						
С	Total from continuation sheets						Þ							
d	Total (add lines 1b and 1c) .							Þ		5,629,305	2,966,08	7	8	08,198
2	Total number of individuals (incl \$100,000 in reportable compen						above	) who	receive	d more tha	n			
											_		Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					eye •	mploy •	ee, o	r highes	t compens	ated employee	3		No
4	For any individual listed on line	1a, is the sum o	f report	able	com	pens	sation	and	other co	mpensatior	ı from the			
	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										4	Yes		
5	Did any person listed on line 1a										r ındıvıdual for			
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n pers	son .		. [	5	Yes	
	ection B. Independent Con	tractors												
1	Complete this table for your five		nsated	ındep	ende	ent d	contra	ctors	that rec	eived more	than			
	\$100,000 of compensation from	n the organization		•						T				
		(A)								1	(B)		(C)	)

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Colorado Springs Surgical Assoc 555 N Nevada Suite 5015 Colorado Springs, CO 80907	Physician Services	1,380,765
North Metro Anesthesia 4323 S Holly St Englewood, CO 80111	Physician Services	1,360,632
SE Colorado Lithotripsy LP 6242 E 41St St Dept 2721 Tulsa, OK 74182	Physician Services	1,330,950
Triage Consulting Group 221 Main St Suite 1100 San Francisco, CA 94105	Collections	878,163
Audubon Orthotic Prosthetic 3030 N Circle Dr Suite 110 Colorado Springs, CO 80909	Physician Services	726,812
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization \$82	who received more than	

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	ist complete all a	volumne		
А	Section 501(c)(3) and 501(c)(4) organizations multiple of the column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,689,976	5,689,976		
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				
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	394,575,639	315,660,511	78,915,128	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,502,949	17,202,359	4,300,590	
9	Other employee benefits	47,926,368	38,341,094	9,585,274	
10	Payroll taxes	28,347,027	22,677,622	5,669,405	
а	Fees for services (non-employees) Management	53,996,401	43,197,121	10,799,280	
b	Legal	163,053		163,053	
c	Accounting	482,760		482,760	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	250,335,927	200,268,742	50,067,185	
12	Advertising and promotion	0			
13	Office expenses	204,868,840	187,268,237	17,600,603	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	24,233,870	19,560,093	4,673,777	
17	Travel	2,064,999	1,651,999	413,000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	918,947	735,158	183,789	
20	Interest	3,265,664	3,265,664		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	59,573,501	47,658,801	11,914,700	
23	Insurance	12,161,653	9,729,322	2,432,331	
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 debts	121,197,200	121,197,200		
b	Repairs and maintenance	19,626,736	15,701,389	3,925,347	<u> </u>
c	Recruitment and relocation	3,629,943	2,903,954	725,989	
d	Impairment Losses	9,161,404	7,329,123	1,832,281	
е	Income/sales/property taxes	63,574,942	63,574,942		
f	All other expenses	4,579,232	3,870,210	709,022	
25	Total functional expenses. Add lines 1 through 24f	1,331,877,031	1,127,483,517	204,393,514	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			<u> </u>	000 (3.01.0)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			27,364,168	1	37,692,746
	2	Savings and temporary cash investments			67,740	2	61,741
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		180,059,121	4	184,530,506	
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ , and contributing sponsoring organizations of section $501(c)(9)$ voluntary emplorganizations (see instructions)	emplo	yers, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net			2,906,720	7	10,155,462
4	8	Inventories for sale or use			26,542,203	8	28,690,520
	9	Prepaid expenses and deferred charges			3,324,096	9	2,507,893
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,590,292,933			
	b	Less accumulated depreciation	10b	572,681,192	937,714,896	10c	1,017,611,741
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	5,253,524	12	33,206,679		
	13	Investments—program-related See Part IV, line 11	26,862,722	13	26,517,305		
	14	Intangible assets			640,985	14	5,577,719
	15	Other assets See Part IV, line 11			1,473,394,172	15	163,219,901
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			2,684,130,347	16	1,509,772,213
	17	Accounts payable and accrued expenses .			138,700,365	17	159,860,970
	18	Grants payable				18	
	19	Deferred revenue			5,975,588	19	7,743,375
	20	Tax-exempt bond liabilities				20	
je s	21	Escrow or custodial account liability Complete Part IV of Sched	lule D			21	
abilities	22	Payables to current and former officers, directors, trustees, keepployees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partic	es .		295,269	23	40,454
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D $$ . $$ . $$ .			1,547,313,857	25	244,731,825
	26	Total liabilities. Add lines 17 through 25			1,692,285,079	26	412,376,624
Ņ		Organizations that follow SFAS 117, check here ▶ 🔽 and con	nplet e	lines 27			
Balances		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets		991,845,268		1,097,375,368	
ä	28	Temporarily restricted net assets	0	28	10,221		
Fund	29	Permanently restricted net assets			0	29	10,000
T.		Organizations that do not follow SFAS 117, check here ► 7	and co	mplete			
ō	20	lines 30 through 34.				30	
ets	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	iunds		004 045 000	32	1 007 305 500
Net	33	Total net assets or fund balances			991,845,268		1,097,395,589
	34	Total liabilities and net assets/fund balances	•		2,684,130,347	34	1,509,772,213

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,375,3	303,69
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,331,8	
3	Revenue less expenses Subtract line 2 from line 1	3			126,66
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		991,8	345,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5		62,1	123,65
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		1,097,3	395,589
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				
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	iccuad		163	
u	on a separate basis, consolidated basis, or both	issucu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493132009652

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization Catholic Health Initiatives-Colorado

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

84-0405257 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 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 businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support	
		· · · · · · · · · · · · · · · · · · ·	instructions))	Yes	No	Yes	No	Yes	No	
Total										

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

### 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.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete		
	endar year (or fiscal year beginning							
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> 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							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
Ū	line 4							
S	ection B. Total Support		<u> </u>	<b>I</b> I.				
	endar year (or fiscal year beginning							
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total	
7	A mounts from line 4							
8	Gross income from interest,							
Ū	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)					<u> </u>		
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı		
	check this box and <b>stop here</b>						<b>►</b>	
	-tiC Ct-ti	L'a Carana at B						
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))				
	· ·		•	II Column (1))		14		
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15		
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check		
_	and <b>stop here.</b> The organization qua						<b>▶</b> □	
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>	
	box and <b>stop here.</b> The organization				45.46		<b>►</b>	
1/a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organization made						rt a d	
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo		
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □	
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ							
	Explain in Part IV how the organization						V	
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯	
18	• • •	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1	
	rivate Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see							

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 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 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493132009652

OMB No 1545-0047

Open to Public

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

**Political Campaign and Lobbying Activities** 

Inspection

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

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

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

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

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

	ction 501(c)(4), (5), or (6) organizeme of the organizeme of the organization	zations Complete Part III		Employer iden	tification number
	holic Health Initiatives-Colorado				
)ar	t I-A Complete if the or	ganization is exempt unde	r section 501(	84-0405257 c) or is a section <b>527</b>	organization
					organization.
1 2		ganızatıon's dırect and ındırect pol	itical campaign act	ivities in Part IV	
2 3	Political expenditures  Volunteer hours			•	\$
•	v orunteer nours				
ar	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization i	under section 4955	5 <b></b>	\$
2		e tax incurred by organization man		n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			-)	
		ganization is exempt unde			L(C)(3).
1		ended by the filing organization for	·		\$
2	exempt funtion activities	rganization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter her	e and on Form 112	.0-POL, line 17b ►	_
4	Did the filing organization file <b>F</b>			,	Yes No
5		nd employer identification number	(FIN) of all section	527 political organizations	
	amount of political contribution	For each organization listed, enter ns received that were promptly and political action committee (PAC)	directly delivered	to a separate political orga	nızatıon, such as a
	(a) Name	( <b>b)</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-
For P	aperwork Reduction Act Notice, se	ee the Instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C (	Form 990 or 990-EZ)

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

medale e (i	om 550 of 550 EE/2010	i age
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 57	68
	(election under section 501(h)).	

		N		(a)		(b)
		Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes		10,76		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
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 1:			10,76		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

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

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

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

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
Lobbying Activities Explanation		THE ENTITY'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION ("aha") AND CATHOLIC HOSPITAL ASSOCIATION ("cha"), A PORTION OF WHICH IS ALLOCATED TO LOBBYING THE AMOUNT SHOWN IN LINE 1F REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSES AHA \$2,290 AND CHA \$8,479

DLN: 93493132009652

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

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

Open to Public Inspection

Internal Revenue Service

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

	me of the organization		Employer identifica	tion number
cat	holic Health Initiatives-Colorado		84-0405257	
Pa	organizations Maintaining Donor Action organization answered "Yes" to Form 99			. Complete if the
	organization answered tes to form 95	(a) Donor advised funds	(b) Funds and o	ther accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<del>-</del>	or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other purpose	┌ Yes ┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV	/, line 7.
1 2	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreated 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	certified historic struc	=
	casement on the last day of the tax year	]	Held at the	End of the Year
а	Total number of conservation easements	İ	2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfer the taxable year -		ed by the organization	during
<b>4</b> 5	Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	——dling of violations, and	┌ Yes
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year <b>I</b>	•
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$ _	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		
ar	Complete if the organization answered		or Other Similar	Assets.
1a	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 fir	for public exhibition, education or research	ch in furtherance of pu	
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 ii		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		-	de the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> - \$	

**b** Assets included in Form 990, Part X

'ar	Call Organizations Maintaining Co	<u>illections of Art</u>	t, His	tori	cal Tre	asures, or (	<u> </u>	r Similar	Asse	: <b>ts</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	at are a signific	ant u	ise of its co	llection	1	
а	Public exhibition		d	$\vdash$	Loan or	exchange prog	rams	i			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ further	the organizatio	n's ex	cempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990	),	
	Part IV, line 9, or reported an an										
La	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontrıbutı	ons or other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	✓ and complete the	follow	ıng ta	able	r					
									Amou	<u>int</u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year					[	1e				
f	Ending balance						1f				
a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?						Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	/ear	(c)Two Years Back	(d)	Three Years B	lack (e	<b>)</b> Four Ye	ars Back
.a	Beginning of year balance						_				
b	Contributions						_				
C	Investment earnings or losses										
d	Grants or scholarships						-				
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						I		
a	Board designated or quasi-endowment										
_	Permanent endowment										
b											
c Ba	Term endowment ►  Are there endowment funds not in the posses	ssion of the organiz	ation 1	that s	re held	and administers	d for	the			
,u	organization by	ssion of the organiz	acioni	ciiac c	ire ileia i	and administere	u ioi	tile		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations							[	3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	•							3b		
_	Describe in Part XIV the intended uses of th	=									
?a।	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	<u>orm 99</u>						
	Description of investment				Cost or oth (Investme			(c) Accumula depreciatio		(d) Book	k value
.a	Land					65,021,	859			65	5,021,859
b	Buildings				1,882,0	561,680,	661	177,598	,451	385	5,964,235
c	Leasehold improvements				7,793,0	184,215,	960	108,064	,263	83	3,944,734
d	Equipment				135,6	396,092,	189	272,949	,012	123	3,278,820
е	Other					373,471,	559	14,069	,466	359	,402,093

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

1,017,611,741

(a) Description of security or category	<u>ee Form 990, Part X, line 1</u>	2. (c) Method of valuation
(including name of security)	( <b>b</b> )Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related.		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
	<b>•</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X		
(a) Des		(b) Book value
(1) INV IN UNCONSOLIDATED ORGS		88,032,063
(2) INTERCOMPANY RECEIVABLE		13,228,896
(3) ASSETS HELD FOR SALE		9,586,328
(4) ORTHO COLORADO CAPITAL LEASE (5) PARKING GARAGE EASEMENT		46,354,162 5,995,000
(6) MISCELLANEOUS ASSETS		23,452
,		
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)	
Part X Other Liabilities. See Form 990, Par		<u> </u>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
LIFECARE CONTRACT TERMINATIONS	1,182,480	
FUTURE SERVICE OBLIGATION	701,035	
INTERCOMPANY NOTE PAYABLE WORKERS COMP/UE CLAIMS LIABILITY	222,735,932	
ENVIRONMENTAL REMEDIATION	156,022 7,939,471	
ST ANTHONY NORTH MED OFFICE BLDG	11,889,312	
OTHER LIABILITIES	127,573	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>244,731,825</b>	

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	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	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 <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	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	s per F	Return
1	Total expenses and losses per audited financial statements	<sub>1</sub>	
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	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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	]	
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Pai	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 t 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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE		CATHOLIC HEALTH INITIATIVES-COLORADO'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

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

Hospitals

Name of the organization Catholic Health Initiatives-Colorado **Employer identification number** 

					84-	0405257			
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	nnancıal assı	stance policy	during the tax year? I	f "No," skıp to questıo	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 (	of the financial			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita			•				
3	Answer the following based o organization's patients during			nce eligibility criteria tl	nat applied to the large	est number of the			
а	Does the organization use Fe income individuals? If "Yes,"						За	Yes	
	<b>▼</b> 100% <b>Г</b> 150%	<b>F</b> 20	о% Г	Other	<u>%</u>				
b	Does the organization use FP	G to determin	ne eligibility f	or providing <i>discounted</i>	care to low income in	dıvıduals? If			
	"Yes," indicate which of the f	ollowing is the	e family incor	ne limit for eligibility fo	r discounted care .		3b	Yes	
	Г <sub>200%</sub> Г <sub>250%</sub>	Г 30	о% Г	350%	0% <b>Г</b> Other_	<u>%</u>			
c	If the organization does not u								
	determining eligibility for free test or other threshold, regar	dless of incon	ne, to determ	ine eligibility for free o	r discounted care				
4	Did the organization's financi provide for free or discounted				•	uring the tax year	4	Yes	
5a	Did the organization budget amount	ts for free or disc	counted care pro	vided under its financial ass	istance policy during the ta	x year?	5a	Yes	
b	If "Yes," did the organization	's financial as	ssistance exp	enses exceed the budg	geted amount?	[	5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		No
6a	Does the organization prepar			ort during the tax			6a	Yes	
6b	If "Yes," did the organization			ublic?			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 Other	Community I	Benefits at Cost		L			
	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 be expense		(f) Perototal ex	
а	Financial Assistance at cost			CE 226 722	4.000.757	64.405			050.01
b	(from Worksheets 1 and 2) Unreimbursed Medicaid (from			65,226,702	4,039,767	61,186			050 %
С	Worksheet 3, column a) . Unreimbursed costs—other			97,747,762	55,516,892	42,230	,870	3	490 %
	means-tested government programs (from Worksheet 3, column b)			37,290,519	26,448,690	10,841	,829	0	900 %
d	<b>Total</b> Financial Assistance and Means-Tested Government				, ,	,			
	Programs Other Benefits			200,264,983	86,005,349	114,259	4ده,	9	440 %
е	Community health improvement services and community benefit operations (from							_	450.00
f	(Worksheet 4) Health professions education			5,521,081	82,487	5,438	,594	0	450 %
	(from Worksheet 5) Subsidized health services			7,321,249		7,321	,249	0	600 %
	(from Worksheet 6)			1,932,796	32,456	1,900	_	0	160 %
h i	Research (from Worksheet 7) Cash and in-kind contributions			8,744		8	,744		
	to community groups (from Worksheet 8)			179,224			,224		010 %
-	otal Other Benefits			14,963,094	114,943	14,848	_		220 %
k '	Total. Add lines 7d and 7j	İ		215,228,077	86,120,292	129,107	,/85	10	660 %

	eddie H (Form 990) 2010						L/T	<del></del>		age <b>z</b>
Pa	rt II Community Building activities during the of the communities in	tax year, an								alth
	of the communities i	(a) Number of activities or programs (optional)  (b) Persons (c) Total community (d) Direct offsetting revenue building expense building expense			(f) Perce total ex					
1	Physical improvements and housing									
2	Economic development									
3	Community support	9	597	167,349	9		167	,349	0	010 %
4	Environmental improvements	2	40	181,274				,274		010 %
5	Leadership development and training		10	101,27	<u>'</u>		101	,271		010 /6
6	for community members  Coalition building							$\dashv$		
7	Community health improvement							$\dashv$		
8	advocacy	1	46	468	3			468		
9	Workforce development Other	2	9	220	1			220		
10	Total	14	692	349,31:			349	,311	0	020 %
Pai	rt IIII Bad Debt, Medicar	e, & Collec	tion Practic	es	•		•			
1 2 3	Did the organization report bac Statement No 15? Enter the amount of the organi Enter the estimated amount of	ızatıon's bad d	ebt expense (a	 t cost)	ancıal M 	2	nent Association • • • • • 29,828,238	1	Yes	No
	attributable to patients eligible				olicy .	3				
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portio	ng methodolog	jy used in dete	rmining the amounts						
Sect	ion B. Medicare									
5	Enter total revenue received for			•		5	339,254,234	1		
6	Enter Medicare allowable cost					6	416,095,930	1		
7 8	Subtract line 6 from line 5 Th  Describe in Part VI the extent	•			e treate	<b>7</b>	-76,841,696 mmunity benefit	1		
	Also describe in Part VI the c Check the box that describes	osting method the method us	ology or source ed	e used to determine	the amo					
	Cost accounting system	<b>V</b> C₀	st to charge ra	tio	Other					
Sect	ion C. Collection Practices									
9a	Does the organization have a							9a	Yes	
b Da	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charity	care or financia	al assistance? Desc				9b	Yes	
	(a) Name of entity	•	) Description of pi		(c) Organı	zation's	(d) Officers, directors,	$\top$	e) Physic	nans'
	(.,,,		activity of entit		profit % o ownersh	r stock	trustees, or key employees' profit % or stock ownership%	pr	ofit % or ownership	stock
1										
2										
3								$\top$		
4								+		
5								+		
6								+		
7								_		
, 8								+		
9								+		
10								+		
11								+		
12								+		
12		+						+		

Part	V Facility Information									
(list in	on A. Hospital Facilities order of size, measured by total revenue per facility, from to smallest)	Licensed hospital	General med	Children's h	Teaching hospital	Ortical access	Research facility	ER-24 houre	ER-other	
	rany hospital facilities did the organization operate during cyear? <b>13</b>	ospital	medical & surgical	hospital	ospital	ess hospital	scility	ø		
Name	and address									Other (Describe)
1	ST MARY-CORWIN MEDICAL CENTER 1008 MINNEQUA AVE PUEBLO,CO 81004	х	х		х			х		
2	St Thomas More Hospital 1338 Phay Avenue Canon City, CO 81212	×	Х					х		
3	Mercy Regional Medical Center 1010 Three Springs Blvd Durango, CO 81301	х	Х					х		
4	Penrose Hospital 2222 N Nevada Ave Colorado Springs, CO 80907	х	х		х	х	Х	х		ICU & CCU Cancer Center IP Rehab
5	St Francis MedicaL Center 6001 E Woodman Rd Colorado Springs, CO 80923	х	х					х		Birth Center NICU - IIIA ICU
6	St Anthony Central Hospital 4231 W 16th Ave Denver, CO 80204	х	х		х			Х		
7	St Anthony North Hospital 2551 W 84th Ave Westminster, CO 80031	х	х		х			х		
8	St Anthony Summit Medical Center 340 Peak One Drive Frisco, CO 80443	х	х					х		
9	St Anthony Hospital 11600 West 2nd Place Lakewood, CO 80228	х	х		х			х		SAC replacement opened 06/17/11
10	St Francis Health Center 825 E Pikes Peak Ave Colorado Springs, CO 80904	х								IP & OP PSYCH SLEEP LAB WOUND CLINIC
11	St Anthony Granby Medical Center 480 E Agate Avenue Granby, CO 80446								Х	PRIMARY CARE URGENT CARE/ER
12	St Anthony Keystone Medical Clinic 1252 County Road 8 Keystone, CO 80435								х	PRIMARY CARE URGENT CARE/ER
13	Breckenridge Medical Clinic 555 S Park Ave Plaza II PO Box 6 Breckenridge,CO 80424								Х	PRIMARY CARE URGENT CARE/ER
		-								

## Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	ST MARY-CORWIN MEDICA	AL CENTER	
Line Number of Hospital Facility (from Schedi	ule H, Part V, Section A):	1	

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	i Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
_	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g   Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

Pa	rt V Facility Information (continued)	_		
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	The policy was available upon request			
	g  Other (describe in Part VI)			
	ing and Collections		ı	
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)	10		
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16			
	(check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d   Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			

If "Yes," explain in Part VI

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

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## Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	St Thomas More Hospital
Line Number of Hospital Facility (from Schedule H, Part V, Section A)	):2

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)	]		
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community  d			
	e The health needs of the community			
	<u></u>			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

Pa	rt V Facility Information (continued)	_		
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	The policy was available upon request			
	g  Other (describe in Part VI)			
	ing and Collections		ı	
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)	10		
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16			
	(check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d   Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			

If "Yes," explain in Part VI

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services **d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

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## Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

Name of Hospital Facility:	Mercy Regional Medical Center	
Line Number of Hospital Facility (from Schedule H, Part V, Section	1 A):	3

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d  How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	<b>h</b> The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	_ <b>_</b>		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a  Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c C Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c   Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e   Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

Pa	rt V Facility Information (continued)	_		
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g  Other (describe in Part VI)			
	ing and Collections		ı	
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a			
	any time during the tax year			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)	10		
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16			
	(check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d   Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			

If "Yes," explain in Part VI

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

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Name of Hospital Facility:	Penrose Hospital
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	4

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h 🕝 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility: St Fra	ncıs MedicaL Center
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	5

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony Central Hospital	
Line Number of Hospital Facility (from Schedule H, Part V, Section	A):	6

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d  How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups  The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	<b>h</b> The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c   Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g   Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony North Hospital
Line Number of Hospital Facility (from Schedule H, Part V, Sect	on A):

Yes	
+-+	1
+-+	3
	4
	5
+	7
+	8
	9
-	

2	Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			l
11	Explained the basis for calculating amounts charged to patients?	11		<u> </u>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	<b>b</b> The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at			l
	any time during the tax year			l
	a Reporting to credit agency			l
	<b>b</b> Lawsuits			
	c Liens on residences			
	d  Body attachments			
	e Cother (describe in Part VI)			l
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	16		
	the tax year?	10		
	Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences d Body attachments			
	e Cother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			l
	Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	e  Other (describe in Part VI)			

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI) 20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial

assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony Summit Medical	Center	
Line Number of Hospital Facility (	(from Schedule H, Part V, Section A):	8	

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	igsquare	
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	igsquare	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony Hospital
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	9

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h 🕝 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Tother (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Francis Health Center
Line Number of Hospital Facility (from Schedule H, Part V, Section A)	):10

			Yes	No
Cor	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d    How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	_		
,	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
4	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
_	(check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c   Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e   Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d  The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony Granby M	edical Center	
Line Number of Hospital Facility (from Schedule H, P	Part V, Section A):	11	

			Yes	No
OI	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)  a			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
4	account input from persons who represent the community, and identify the persons the hospital facility consulted  Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a  Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
,	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
•	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
В	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes." indicate the FPG family income limit for eligibility for free care %			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	St Anthony Keystone Med	tical Clinic	
Line Number of Hospital Facility (from Scheo	dule H, Part V, Section A):	12	

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d    How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	The process for identifying and prioritizing community health needs and services to meet the community health			
	needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	2		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g Prioritization of health needs in the community			
	h 🕝 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
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	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

Name of Hospital Facility:	Breckenridge Medical Clinic	
Line Number of Hospital Facility (from Schedule H, Part V, Section $\mu$	A):	13

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d  How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups  The process for identifying and prioritizing community health needs and convices to meet the community health			
	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	<b>h</b> The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c   Participation in the development of a community-wide community benefit plan			
	d Participation in the execution of a community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
	g   Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i   Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
_	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
in	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care%			

P	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	<b>b</b> Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	15		
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	The policy was provided, in writing, to patients upon admission to the hospital facility  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	-		<u> </u>	Ь
	i <b>ng and Collections</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	T		
14	assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies a	t		
	any time during the tax year			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e   Other (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during	1		
	the tax year?	16		<del>                                     </del>
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)  a Reporting to credit agency			
	b Lawsuits			
	- <u>-</u>			
	c Liens on residences			
	d Body attachments			
	e Other (describe in Part VI)			
1/	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	Notified patients of the financial assistance policy in communications with the patients regarding the patients			
	bills			
	d Documented its determination of whether a patient who applied for financial assistance under the financial			
	assistance policy qualified for financial assistance			
	a Chhar (describe in Part VI)	1		1

If "Yes," explain in Part VI

#### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals 18 If "No," indicate the reasons why (check all that apply) a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility did not have a policy relating to emergency medical care c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Charges for Medical Care 19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply) The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility **b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c The hospital facility used the Medicare rate for those services d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more

than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . .

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that

21

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Dart V	Eacility	Information	(continued)
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Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization	operate during the tax year? 49
Name and address	Type of Facility (Describe)
1 See Addit	tional Data Table
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2010

Schedule H (Form 990) 2010 Page 8

#### Part VI Supplemental Information

Complete this part to provide the following information

1 **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
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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 charity care policy. Also describe whether the organization uses the asset test or other threshold regardless of income to determine eligibility for free or discounted care. CHI Colorado has an established charity care policy based on the Federal Poverty Level. Charity is provided to patients based on a sliding scale that considers the patient's family size and income level. The charity provided ranges from 100% of the patient's bill for individuals whose household income is at 100% or less of the Federal poverty level, to a 60% deduction for individuals whose income is at 400% of the Federal poverty level. In addition, CHI Colorado takes into account specific facts and circumstances in granting charity in situations such as a catastrophic illness where the patient does not have liquid assets.

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	SCH H, PART I, Q 6A	If the organization's community benefit report is contained in a report prepared by a related organization, rather than a separate report prepared by the organization, identify the related organization CHI Colorado is operated by Centura Health Corporation (CHC) CHC prepares its own written community benefit report which includes the activities of CHI Colorado and other entities managed by CHC The annual report is published on Centura's website and available to anyone interested

C

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION		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 CHI Colorado recorded \$121,197,200 in bad debt expense for the fiscal year The bad debt expense recorded, while included in functional expenses, was excluded from the calculation of community benefit expense

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. CHI Colorado does not use a cost accounting system to determine the cost of charity care provided. The estimated cost of care is calculated by applying the ratio of each facility's total expenses to total gross revenue. Worksheet 2 was not used to develop the cost to charge ratio.

BAD DEBT EXPENSE - FINANCIAL	Explanation
STATEMENT FOOTNOTE	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 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 charity care policy, if sufficient information has been available to make a determination as to their eligibility. Also, provide if applicable, the text of the footnote to 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 include 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. CHI Colorado uses the overall cost to gross charge ratio applicable to each facility to determine the costs in Part III lines 2 and 3. The overall cost-to-charge ratio for CHI Colorado is 25 16% CHI Colorado automatically discounts all self pay patient accounts by 30% and also offers a prompt pay discount. This allowance is not included in the calculation of the cost of bad debts in instances where a patient does not pay his or her bill. CHI Colorado provides information to patients at the time of registration with respect to its financial assistance policies. However, in some instances patients do not complete the necessary forms to apply for financial assistance. As a result, CHI Colorado uses an outside vendor to assist in determining a patient's eligibility for financial assistance. This includes a review of the patient's financial istuation based on the vendor's database of external information. In instances where the review indicates that the patient gold to be a
	subject to the terms of certain restrictions on collection efforts as determined by each facility "

Identifier	ReturnReference	Explanation
Identifier COMMUNITY BENEFIT & METHODOLOGY 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 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 Costs for each hospital's cost report is pulled from year end trial balances. The cost is then evaluated and all non-allowable costs are removed via adjustments. The remaining allowable costs are then allocated to appropriate patient care and non-patient care cost centers based on Medicare allocation principles. CHI Colorado does not treat Medicare shortfalls as community benefit. CHI Colorado's position is consistent with that of CHI, its Sponsor Medicare is not a differentiating feature of tax-exempt health care organizations and for-profit hospitals treat, and attempt to attract, Medicare beneficiaries. CHI Colorado 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 Congressional agency, carefully studies Medicare payment and the access to care that 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 Health Association guidelines allow hospitals to count as community benefit some programs can be included in th
		substantially less than what Medicare pays

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE	SCH H, PART III, Q 9B	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 charity care or financial assistance, whether or not such practices apply specifically to such patients or more broadly to also cover other types of patients CHI Colorado's debt collection policy provides the performance of a reasonable review of each patient's account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment. The review of patient accounts is done to assure that the patient or their guarantor is not eligible for assistance through CHI Colorado's charity care policy, uninsured discount policy or another financial assistance program (i.e. Medicaid). CHI Colorado requires the following of its third-party collection agencies. Neither CHI Colorado hospitals or their collection agencies will request bench or arrest warrants as a result of non-payment, - Neither CHI Colorado hospitals or their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and - No CHI Colorado collection agency may seek court action without hospital approval

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Supplies Donation Donations of Pharmaceutical and Medic supplies for the underprivileged Pharmacy Dis counted Prescription Program Discount pricing for uninsured/underinsured community members. Compensate Rooms for Boarder Mothers of Newborns. O vernight stays, without charge, for mothers who need to be near hospitalize infants. Diabetes Education. Provide Diabetes Education to patients of the Family Medicine Residency program. Doula Program. Provides birth coaches for Spanish speaking worn to facilitate the birth process in a culturally and I inguistical appropriate manner, minimizing complications. Community Outreach for the Brological personal process. Outpending the process of the Brological process of the Brological process. Outpending the process of the Brological process of the Brolog
community Nurses also assess health conditions from neclipain to a fever, and give free professional advice on what act to take next. This program provides information and registration for hospital classes and events. C

NEEDS ASSESMENT. COMMUNITY INFORMATION & BUILDING ACTIVITIES, ETC  SCH H, PART II AND PART VI, Q 2, 4, & 5  SCH H, PART II AND PART VI, Q 2, 4  A SCH H, PART II AND PART VI, Q 2, 4  A SCH H, PART VILLE SCH AND PART VILLE	Identifier	ReturnReference	Explanation
	NEEDS ASSESSMENT, COMMUNITY INFORMATION &	SCH H, PART II AND PART VI, Q 2, 4, & 5	ar Seat Fit Stations Inspect car seat installations and educate parents regarding Colorad o Laws regarding car seats Car seats are provided for a minimum donation Career Expos I ntroduce students to the opportunities in healthcare and explain requirements for those positions CPR Education Program Prepare students for potential life threatening situations in public, home or baby sitting Education - Women's Services Classes related to childbirth preparation and caring for a new baby Health Fairs for the Community Hospital Staff provide screenings and other health educational opportunities Project Cure Collection of Medical Supplies and Equipment is palletized and shrink wrapped for donation SANE Program Clinical examinations and forensic evidence collection for victims of sexual assault B lood Drives Hospital employees donate their blood to the Bonfils Blood Center Advance Med ical Directive Education Provide literature and forms to educate the public regarding the ir options for end-of-life medical care Student Precepting Provide a clinical setting and supervision by licensed staff for students of various health care positions (i.e. Nursing, EMT, Therapists) to complete their required clinical experience. First Aid Services at Community Transportation Services Provide transportation to patients and patient families Yaffee House/John Zay House Provide lodging, at no cost, for out of area patients receiving out-patient care and for the family members of hospitalized patients Various Health Screening, Counseling and Education Activities CHIC Hospitals conduct numerous events and health screenings throughout the communities they serve to promote health awareness and encourage individuals to assum e a partnership role in responsibility for maintaining health These events include Sports Physicals, Behavioral Health Education, Flu Shot Clinics, Cancer Risk Assessments, Nutrit

Identifier	ReturnReference	Explanation
PATIENT EDUCATION 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 charity care policy. Information concerning financial assistance is included on Centura's website. The website not only lists phone numbers for patients to call to discuss financial assistance, but also includes Centura's policy for charity care and its policies related to uninsured patients. In addition, at the time of registration, uninsured patients are screened to determine if the patients qualify for any Federal, State or County programs. Uninsured patients are also sent a letter requesting that the patient call to determine eligibility for various assistance programs, including charity.

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 Catholic Health Initiatives Colorado is operated as part of Centura Health Corporation ("Centura") Centura and its affiliated organizations are dedicated to extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities Specifically, Centura has launched a system-wide strategic plan to improve the quality, consistency, availability, and affordability of health care to communities throughout Colorado The three main components of this strategy are (1) to continue investing in technology advancements that improve the quality, costs, and coordination of care including the establishment of electronic health records linking our physicians, clinics, hospitals, long-term facilities and home care services, (2) providing wellness care, thereby potentially reducing health care costs by helping patients to maintain good health, growing the level of support and outreach provided to rural communities, and increasing access, affordability and quality of health care, and (3) coordinate and develop systems of care, looking to each facility and entity in Centura to share best practices and improve overall efficiency and communication system-wide from birth to home care

Schedule H (Form 990) 2010

Software ID: **Software Version:** 

**EIN:** 84-0405257

Name: Catholic Health Initiatives-Colorado

# Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Recognized as a Hospital Facility	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate	
during the tax year?49 Name and address	Type of Facility (Describe)
Penrose Community Hospital 3205 N Cascade Ave Colorado Springs, CO 80917	OP Clinic Urgent Care No IP Services
Penrose Mountain Urgent Care Clinic 41 State Highway 67 Woodland Park, CO 80863	Urgent Care OP Rehab
Penrose Urgent Care at Cripple Creek 1101 Teller County Road 1 Cripple Creek, CO 80813	Urgent Care
Senior Health Center West 1601 Lowell Blvd	Primary Care Geriatrics
Denver, CO 80204  Intermountain Neuro Physicians 4231 W 16th Ave	O utpatient Neuro
Denver, CO 80204 St Anthony Copper Mountain Clinic 860 Copper Rd	Primary Care Urgent Care
Copper Mountain, CO 80443  Senior Health Center North 8510 Bryant St Suite 350	Primary Care Geriatrics
Westminster, CO 80031 Family Medicine Clinic North 8510 Bryant St Suite 210	Primary Care Clinic Residency Facility
Westminster, CO 80031  Women's Health Specialists 8510 Bryant St Suite 500	Women's Care Clinic
Westminster, CO 80031  Certified Nurse Midwives 4231 W 16th Ave	Outpatient Clinic Closed 1/11
Denver, CO 80204 Primary Care Services 4231 W 16th Ave	Primary Care Clinic
Denver, CO 80204 Psychiatric Services 4231 W 16TH AVE	OUTPATIENT CLINIC
DENVER,CO 80204  SASMC Ambulatory Surgery Center 340 PEAK ONE DRIVE	AMBULATORY SURGERY CENTER
FRISCO, CO 80443  St Anthony Health Center Evergreen 1520 EVERGREEN PKWY	PHYSICIAN PRACTICE
EVERGREEN, CO 80439  North Metro Internal Medicine 51 WEST 84TH AVENUE	PHYSICIAN PRACTICE
THORNTON, CO 80260 Associated Surgeons 2460 West 26th Ave Suite 420C	GENERAL SURGERY
DENVER, CO 80211 Chambers Specialty Surgical Care 4231 W 16th Ave	GENERAL SURGERY
DENVER, CO 80204 Summit Cardiology 360 Peak One Dr 390	CARDIOLOGY PRACTICE
FRISCO, CO 80443  North Ridge Medical Practice 13691 Colorado Blvd Suite 106	PRIMARY CARE
THORNTON, CO 80602 Western Vascular	SPECIALTY SURGERY
4101 W Conejos Pl Suite 200 DENVER,CO 80204 Touchstone Pueblo West Clinic	FAMILY PRACTICE
141 S Purcell Blvd Ste 106 PUEBLO WEST,CO 81007 SMC Rehab Physician	REHAB PHYSICIAN
1925 E Orman PUEBLO, CO 81004 SMC Gastroenterol Ogy	GASTROENTEROLOGY PRACTICE
1925 E ORMAN PUEBLO,CO 81004 Touchstone	FAMILY PRACTICE
1925 E ORMAN PUEBLO,CO 81004 SMC Surgical Physicians 1925 E ORMAN	GENERAL SURGERY
PUEBLO, CO 81004  Physician Partners Orthopaedic surgery 4112 Outlook Blvd	ORTHOPAEDIC SURGERY
PUEBLO, CO 81008  Southern Colorado Family Medicine 1008 Minnequa Ave	FAMILY PRACTICE
PUEBLO,CO 81004  RehabilitationCCOM 1338 PHAY AVE	REHAB CLINIC ORTHOPAEDIC CLINIC CCOM
CANON CITY, CO 81212 Surgery Services & The Medical Home 1339 PHAY AVE	SURGERY PRACTICE FAMILY PRACTICE
OBGYN Services 1335 PHAY AVE SUITE B	O B/GYN
CANON CITY, CO 81212 Internal Medicine 614 YALE	INTERNAL MEDICINE
VIllas at Sunny Acres 2501 EAST 104TH AVE	SKILLED NURSING ASSISTED LIVING INDEPENDENT LIVING
THORNTON, CO 80233  Gardens at St Elizabeth 2835 West 32nd Ave	ASSISTED LIVING INDEPENDENT LIVING
DENVER,CO 80211  Medalion Retirement Community 1719 EAST BIJOU ST	SKILLED NURSING ASSISTED LIVING INDEPENDENT LIVING
COLORADO SPRINGS, CO 80909  Namaste Alzheimer Center 2 PENROSE BOULEVARD	ALZHEIMER'S CARE ADULT DAY CARE
COLORADO SPRINGS, CO 80906  Villa Pueblo Senior Living Community 1111 BONFORTE BLVD	SKILLED NURSING ASSISTED LIVING INDEPENDENT LIVING
PUEBLO,CO 81001 Progressive Care Center 1338 PHAY AVE	SKILLED NURSING RESPITE CARE
CANON CITY, CO 81212 St Anthonys Hospice 1391 SPEER BLVD 600	HOME HOSPICE
DENVER,CO 80204  Penrose Home Care 7015 TALL OAKS DRIVE	HOME HOSPICE
COLORADO SPRINGS, CO 80919  St Mary Corwin Home Services 4025 CLUB MANOR DRIVE	HOMECARE
PUEBLO, CO 81003  Mercy Home Health ONE MERCADO STREET 270	HOMECARE
DURANGO, CO 81301  Hospice of Mercy ONE MERCADO STREET 270	HOMECARE
DURANGO,CO 81301  Centura Home Oxygen-Denver 2590 W 2nd Ave Suite 5	HOME MEDICAL EQUIP
DENVER,CO 80219 Centura Home Oxygen-Colorado Springs	HOME MEDICAL EQUIP
4260 Buckingham Dr 100 COLORADO SPRINGS, CO 80907 Centura Home Oxygen-Pueblo	HOME MEDICAL EQUIP
4025 Club Manor Drive PUEBLO, CO 81008  Mercy Diagnostic Lab	MDS SERVICES
2577 N MAIN AVE DURANGO,CO 81301 Aztec Diagnostic Lab	MDS SERVICES
604 S RIO GRANDE AZTEC,NM 87410 Mercy Health Services Clinic	HEALTH SERVICES
1800 E THIRD AVE DURANGO,CO 81301 Durango Urgent Care at DMR	URGENT CARE
Durango Mountain Resort 1 Skier Pl DURANGO,CO 81301	

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DLN: 93493132009652

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

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

OMB No 1545-0047

**Inspection** 

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identification	on number
Catholic Health Initiatives-Colorado						84-0405257	
Part I General Informatio	n on Grants and	Assistance				L	
1 Does the organization maintain the selection criteria used to aw 2 Describe in Part IV the organization maintain the selection criteria used to aw 2 Part II Grants and Other A Form 990, Part IV, line duplicated if additional	ward the grants or ass ation's procedures for <b>ssistance to Gov</b> e 21 for any recipio	istance? monitoring the use of <b>ernments and Oi</b> ent that received m	grant funds in the Uniter than the uniter than \$5,000. Ch	d States  United States. Coneck this box if no one	nplete if the orgai	nızatıon answered "Yed more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grad or assistance
See Additional Data Table							

Enter total number of section 501(c)(3) and government organizations . . . . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring the use of grants	,, ,,	grants are at the discretion of the CHIC CEO The CEO makes requests for funding which is paid out in the form of a donation to the entity or used to reimburse an invoice submitted for an expense for a specific purpose the majority of the donees are 501(c)(3) organizations that assume responsibility for ensuring that the funds are used in furtherance of the purpose of the grant

Software ID: Software Version:

**EIN:** 84-0405257

Name: Catholic Health Initiatives-Colorado

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Assistance League of Pueblo 515 Chester Ave Pueblo, CO 81003	23-7127355	501(c)(3)	7,500				program support
Catholic Charities of Central Colorado228 N Cascade Ave Colorado Springs, CO 80903	84-0586169	501(c)(3)	5,500				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado State University - Pueblo2200 Bonforte Blvd Pueblo,CO 81001	84-0517947	501(c)(3)	17,000				sponsorship
Crossroads Turning Point 590 E 13th St Pueblo,CO 81001	84-0810723	501(c)(3)	16,800				program support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes421 S Tejon Ste 311 Colorado Springs, CO 80903	13-1846366	501(c)(3)	10,500				sponsorship
Pueblo Community College 900 W Orman Ave Pueblo, CO 81004	84-0644739	N/A	5,750				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Susan G Komen Breast Cancer Foundation1835 Franklin St Denver, CO 80218	75-2844654	501(c)(3)	11,000				program support
YWCA801 N Santa Fe Ave Pueblo,CO 81003	84-0402720 501(c)(3)		11,500				program support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arrupe Jesuit High School 4343 Utica St Denver, CO 80204	02-0628872	501(c)(3)	20,750				program support
Project CURE10377 E Geddes Ave Suite 200 Centennial, CO 80112	84-1568566	501(c)(3)		213,433	book	expired supplies	program support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Craig Hospital Foundation 3425 S Clarkson St Englewood, CO 80113	84-0404233	501(c)(3)	6,000				
Colorado West Regional Mental HealthPO Box 40 Glenwood Springs, CO 81602	84-0625890	501(c)(3)	20,000				program support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Durango Devo Inc10 Town Plaza 110 Durango,CO 81302	64-0959974	501(c)(3)	5,500				sponsorship
City of Aztec201 W Chaco St Aztec, NM 87410	85-6000105	N/A	17,500				program support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen for the Cure 625 N Cascade Suite 110 Colorado Springs, CO 80903	75-2844654	501(c)(3)	6,202				program support
Colorado Springs World Arena3185 Venetucci Blvd Colorado Springs, CO 80906	84-1264465	501(c)(3)	9,000				sponsorship

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First & Main Towne Center 111 S Tejon Street Suite 222 Colorado Springs, CO 80903	99-9999999	N/A	14,000				sponsorship
Pikes Peak Hospice & Foundation825 E Pikes Peak Ave Suite 600 Colorado Springs, CO 80903	84-0816047	501(c)(3)	7,500				sponsorship

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Springs Sky Sox 4385 Tutt Blvd Colorado Springs, CO 80922	99-9999999	N/A	10,000				
University of Colorado Foundation12605 E 16th Ave PO Box 6510 Aurora,CO 80045	84-6000555	501(c)(3)	66,666				program support

, , ,							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pikes Peak Community College5675 S Academy Blvd Colorado Springs, CO 80906	84-0644739	501(c)(3)	12,500				sponsorship
JDRF-Juvenile Diabetes Research Foundation3710 Sinton Road Suite 220 Colorado Springs, CO 80907	23-1907729	501(c)(3)	23,000				sponsorship

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 1280 S Parker Rd Denver, CO 80231	13-5613797	501(c)(3)	17,500				program support
CHI COLORADO FOUNDATION6385 CORPORATE DRIVE SUITE 301 COLORADO SPRINGS,CO 80919	84-0902211	501(c)(3)	4,930,986				program support

**Compensation Information** 

DLN: 93493132009652

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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Cat	Holic Health Initiatives-Colorado		84-0405257			
Pa	rt I Questions Regarding Compensatio	n	•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	$\Gamma$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	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			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the Compensation committee					
	Independent compensation consultant	Ē	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I , Section A , line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b	Yes	
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete 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		No
b	Any related organization?			5b		No
	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		No
b	Any related organization?			6b		No
	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,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$ ?	e rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN DICOLA	(I) (II)	526,918	225,584	25,126	114,592	21,046	913,266	
(2) MICHAEL ROWAN	(I) (II)	912,104	405,340	23,868	166,637	19,330	1,527,279	
(3) DANIEL REEVES	(I) (II)	184,077	34,680	573	9,896	14,777	244,003	
(4) MARGARET SABIN	(ı) (ıı)	436,276	132,526	34,506	82,479	22,154	707,941	
(5) DAVID THOMPSON	(ı) (ıı)	255,707	51,188	789	22,678	1,175	331,537	
(6) JAMESON SMITH	(ı) (ıı)	228,444	42,928	439	20,228	9,213	301,252	
(7) MICHAEL DREWEK	(ı) (ıı)	703,747		908	12,564	14,459	731,678	
(8) A STEWART LEVY	(I) (II)	868,793		1,589	12,564	1,729	884,675	
(9) JOHN MEHALL	(I) (II)	722,282	101	911	20,228	16,900	760,422	
(10) JOHN NICHOLS	(I) (II)	644,314		3,333	27,578	14,402	689,627	
(11) DIRK PIKAART	(I) (II)	616,949	66,199	873	10,114	1,670	695,805	
(12)PETER MAKOWSKI	(I) (II)	392,930	100,660	103,583	82,548	8,259	687,980	32,495
(13) JAMES SWINDLE	(I) (II)	456,591	125,000	265,556	70,000	10,978	928,125	
( 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

	·	
Identifier	Return Reference	Explanation
BENEFITS PROVIDED TO EXECUTIVES	SCH J, PART I, Q 1A	SENIOR VPs AND HOSPITAL CEOS ARE PAID THROUGH CENTURA HEALTH CORP AND ARE ELIGIBLE FOR THE FOLLOWING BENEFITS TRAVEL FOR COMPANIONS, HEALTH OR SOCIAL CLUB DUES, AND REIMBURSEMENT UP TO \$10,000 FOR PERSONAL SERVICES SUCH AS TAX, FINANCIAL, AND ESTATE PLANNING SERVICES, ALONG WITH TAX GROSS-UP PAYMENTS FOR ANY REIMBURSEMENTS INCLUDED IN TAXABLE COMPENSATION ALL BENEFITS ARE PROVIDED PURSUANT TO A WRITTEN POLICY GOVERNING PAYMENT AND REIMBURSEMENT, SUBSTANTIATION IS REQUIRED FOR ALL EXPENSES SUBMITTED FOR REIMBURSEMENT, AND REIMBURSEMENTS ARE INCLUDED IN TAXABLE COMPENSATION WHERE APPROPRIATE
METHODS USED TO ESTABLISH CEO COMPENSATION	SCH J, PART I, Q 3	CATHOLIC HEALTH INITIATIVES-COLORADO'S ceo IS paid by centura health corporation (centura) OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE
POST- TERMINATION PAYMENTS	SCH J, PART I, Q 4A	POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT AGREEMENTS FOR CHI'S EXECUTIVES 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 In addition, CENTURA HAS A DEFINED SEVERANCE POLICY SEVERANCE PAYMENTS ARE DETERIMINED BASED ON A COMBINATION OF THE INDIVIDUAL'S POSITION WITHIN THE ORGANIZATION AND YEARS OF SERVICE SEVERANCE AGREEMENTS INCLUDE LIMITATIONS WITH RESPECT TO WORKING AT COMPETING FACILITIES AND OTHER REQUIREMENTS THAT CAN CAUSE FORFEITURE OF THE SEVERANCE BENEFIT IN ADDITION, THE AGREEMENTS RELEASE CENTURA FROM LITIGATION AND FUTURE CLAIMS AGAINST THE ORGANIZATION During the 2010 calendar year the following individuals received severance payments. Peter Makowski \$51,002
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	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. Michael Rowan, James Swindle and John Dicola. During 2010 the following contributions were made by CHI to the deferred compensation plan. Michael Rowan \$143,959. John Dicola \$84,564. James Swindle \$70,000 IN ADDITION, CENTURA OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTED INTO THE DEFERRED COMPENSATION PLAN IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS. THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE. THE FOLLOWING INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN AND RECEIVED CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE CALENDAR YEAR 2010. Peter Makowski, \$30,565. MARGARET SABIN, \$62,251. DURING THE CALENDAR YEAR, 2010. THE FOLLOWING DISTRIBUTIONS WERE MADE BY CENTURA FROM THE DEFERRED COMPENSATION PLAN.
NON-FIXED PAYMENTS	SCH J, PART I, Q 7	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E.G. DIRECTOR, VICE PRESIDENT)
REPORTABLE INDIVIDUALS COMPENSATED BY UNRELATED ORGANIZATIONS	FORM 990, PART VII, Q 5	All key employees and hospital CEO's are compensated by Centura Health Corporation, who manages the daily activities of THE chi-COLORADO Hospitals under a Joint Operating Agreement dated December 8, 1995 between the Adventist Healthcare System and Catholic Health Initiatives As such, their salaries are paid to them by Centura, an unrelated organization, for services rendered in their capacity as key employees or officers of CHIC All of their reportable compensation is disclosed on Form 990, Schedule J, Part II, Row (i) and 990, Part VII, Column (D) as reporting organization compensation In addition, the CEO AND CFO of chic were appointed as such by the CHIC board of directors while they are officers of these entities, a very small portion of their time is directly related to the operations of CHIC They are compensated by Centura, which is charged with managing the facilities Their respective compensation is not reported on the filing organization's 990 but in fact is reported in full on Part VII and Schedule J of Centura Health Corporation's Form 990

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As Filed Data -

DLN: 93493132009652

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

<u> 2010</u>

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	<b>f the organization</b> Health Initiatives-Colorado										tion numb	er er	
				. 501					4-04052				
Part I	Excess Benefit Trar Complete if the organizat										ine 40h		
	Complete if the organizat	1011 4113	Werea	103 0111011		arciv, me 23a c	)	<u> </u>	<i>330 LZ</i> ,	r are v, n	100	(c)	
1	(a) Name of disqu	ualıfıed	person			<b>(b)</b> Desc	ription	of trans	action		Cor	Corrected?	
											Yes	No	
												-	
												_	
<b>2</b> Fn	ter the amount of tax impos	ed on tl	he organ	uzation man	agers or	disqualified persi	ons duri	ing the v	ear unde	r			
	ction 4958								•	· · \$			
<b>3</b> En	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organızatıon .			🕨	\$			
Dowl T			T 1	atad Dave									
Part I	Loans to and/or F Complete if the organiz					Part IV line 26	or Forr	n 990-F	7 Part V	line 38	а		
	o o improte in the organiz						,		(f)	<del>,</del>			
(a) Nam	ne of interested person and		oan to om the	<b>(c)</b> 0 rig	unal		(e) 1		Approved		(g)Writt		
( <b>u</b> )	purpose	organizatio		principal a		(d)Balance due	default	It?	by board or committee?		agreement?		
		To	From				Yes	No	Yes No		Yes	No	
			1					1	1	1			
									<u> </u>				
Total .					<b>▶</b> \$								
Part II								. 7					
	Complete if the orga	nizatio						27.					
(	(a) Name of interested pers	on	'			en interested per ganization	Son	<b>(c)</b> A m	nount of g	rant or ty	pe of assis	stance	

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) ANNE SMITH	SPOUSE OF KEY EMPLOYEE	34,744	EMPLOYEE COMPENSATION		Νo

#### Part V Supplemental Information

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

Identifier   Return Reference   Explanation	Identifier
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Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493132009652

OMB No 1545-0047

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#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization Catholic Health Initiatives-Colorado **Employer identification number** 

					84-0405257		
Pa	rt I Types of Property						
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		tion
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
good	is						
6	Cars and other vehicles .						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded						
10	Securities—Closely held stock						
11	Securities—Partnership, LLC, or trust interests .						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts .						
25	MEDICAL Other►(EQUIPMENT/CONSTR)	Х	31	231,173	FMV		
26	O ther ►()						
27	O ther ►()						
28	O ther ► ()						
29	Number of Forms 8283 received by for which the organization complete				29		
302	During the year, did the organization				1-28 that it	Yes	No
J04	must hold for at least three years f						
	for exempt purposes for the entire			on, and which is not require	d to be used		l No
						30a	No
31	If "Yes," describe the arrangement  Does the organization have a gift a			review of any non-standard	contributions?	31	No
							İ
32a	Does the organization hire or use t contributions?	nird parti	es or related organizations	to solicit, process, or sell	non-cash	32a	No
ь 33	·	venues i	n column (c) for a type of p	roperty for which column (a	) is checked,		
	describe in Part II						<u> </u>

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493132009652

OMB No 1545-0047

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

**Name of the organization** Catholic Health Initiatives-Colorado **Employer identification number** 

84-0405257

ldentifier	Return Reference	Explanation
Organization's Corporate Members/ Stockholders	FORM 990, PART VI, Q 6	ACCORDING TO THE BY LAWS OF CATHOLIC HEALTH INITIATIVES-COLORADO, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
Members/Stockholders Electing Governing Body	PART VI, Q 7A	THE SOLE CORPORATE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S bylaws, the Sole Member shall fill all vacancies on the Board of Trustees created by removal, resignation, or death

ldentifier	Return Reference	Explanation
Approval of Governing Body Decisions by Members/Stockholders	FORM 990, PART VI, Q 7B	CATHOLIC HEALTH INITIATIVES-COLORADO'S ("CHIC") corporate member is Catholic Health Initiatives ("CHI") Pursuant to the organization's bylaws, the Corporate Member shall have the specific rights set forth in the governance matrix except to the extent otherwise provided in organization's articles and bylaws. Pursuant to the governance matrix the following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer. Approve members of the CHIC board. Amendment of the corporate documents of CHIC. Adoption of long range and strategic plans for CHIC. Substantial change in the mission or philosophy of CHIC. Removal of a member of the governing body of CHIC. Approval of issuance of debt by CHIC. Approval of participation of CHIC in a joint venture. Approval of formation of a new corporation by CHIC. Approval of a merger involving CHIC. Approval of the sale of all or substantially all of the assets of CHIC. To require the transfer of assets by CHIC to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts Pursuant to the organization's bylaws, CHI may, in exercise of its approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate. In addition, however, pursuant to the affiliation agreement between Catholic Health Initiatives, CHI Colorado, Centura Health Corporation, and Portercare Adventist health system, certain matters affecting CHI Colorado must be approved by both Portercare and CHI. Those items include—the transfer of assets valued at over \$1,000,000—the issuance of a debt instrument in excess of \$250,000—the amendment of the organizing documents—the admission of a new sponsor—a merger or dissolution or reorganization.

ldentifier	Return Reference	Explanation
Process the Organization uses to review form 990		A draft of the Form 990 is provided to management, including the CFO, for review. The return is e-mailed to the entire board for review prior to filing. Subsequent to the return being provided to the board, the tax department files the return with the appropriate federal and state agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board.

ldentifier	Return	Explanation
	Reference	
Procedures for monitoring and enforcing the COI policy	FORM 990, PART VI, Q 12C	IROCEDURE 1 PROCEDURE FOR COMPLICT OF NITBEST REPORTING 1.1 THE CATHOLIC HEALTH NITIA TIVES: COLORADO ("CHC") COMPLIANCE DEPARTMENT ADMINSTERS AN ANNUAL CONFLICT OF NITBEST PROCESS (MOST USUALLY STARTING IN NOVEMBER) COLLECTING AND ASSESSING ANY POTENTIAL CONFLICTS BOARD MEMBERS AND RELATED BOARD COMMITTEE MEMBERS. MATERIALS, MANAGEMENT SUPPLY CHAIN A SWELL AS CHC MANAGEMENT MAY HAVE THE FOLLOWING PROCESS IS FOLLOWED 1.1.1 A COVEN LETTER ALOR WITH THE CONFLICTS OF INTEREST DISCLOSURE STATEMENT ARE AUTOMATICALLY OSDEPATED AND DISTRIBUTED VIA BMAIL UTILIZING THE COMPLY TRACK SURVEY MANAGER TOOL FOR THOSE WITHOUT BMAIL ADDRESSES, THE DOUBLY TRACK SURVEY MANAGER TOOL FOR THOSE WITHOUT BMAIL ADDRESSES, THE DOUBLE AND SUBMIT AND ELECTRONIC SIGNATURE USING THE SURVEY TOOL. FOR THOSE WITHOUT AN BMAIL ADDRESS, A REQUEST IS MADE TO COMPLETE THE DESCLOSURES STATEMENT FROM COLLINE AND SUBMIT AND ELECTRONIC SIGNATURE USING THE SURVEY TOOL. FOR THOSE WITHOUT AN BMAIL ADDRESS, A REQUEST IS MADE TO FOR THE COMPLIANCE DEPARTMENT I.1.3 A REPORT IS COMPLED IDENTIFY NG ALL REPORTED POTENTIAL CONFLICTS, NO RESPONSES AND NO NOTED CONFLICTS 1.1.4 THE REPORT IS ALL REPORTED FOR POTENTIAL CONFLICTS, NO RESPONSES AND NO NOTED CONFLICTS 1.1.4 THE REPORT IS ALL REPORTED TO EACH FAQUITY CON AND CATEGORIZED BY TYPE OF THE CO.WILLOST BUTE INFORMATION ABOUT SECOND CONFLICTS ON FLUCTURE OF THE CEO. WILL DISTRIBUTED TO EACH FAQUITY CON FLUCTURE OF THE CEO. WILL DISTRIBUTED TO EACH FAQUITY CONFLICTS ON THE CEO. OR CFO, ON BEHALF OF THE CEO, WILL DISTRIBUTED TO EACH FAQUITY CONFLICTS FOR TROCE CONFLICTS TO THE CEO. OR CFO, ON BEHALF OF THE CEO, WILL DISTRIBUTED TO EACH FAQUITY CONFLICTS FOR TROCE CONFLICTS FOR TROCE CONFLICTS FOR THE CONFLICT ON THE CEO. OR CFO, ON BEHALF OF THE CEO, WILL DISTRIBUTED TO EACH FAQUITY CONFLICTS FOR THE CONFLICT OF INTEREST TO THE CEO. OR CFO, ON BEHALF OF THE CEO. WILL DISTRIBUTE TO THE CEO. OR CFO, ON BEHALF OF THE CEO. WILL DISTRIBUTE TO THE CEO. OR CFO, ON BEHALF OF THE CEO. WILL DISTRIBUTE TO THE CEO. OR CFO. O

ldentifier	Return Reference	Explanation
Procedures for monitoring and enforcing the COI policy	FORM 990, PART VI, Q 12C	NFLICT OF INTEREST DID NOT PARTICIPATE IN THE VOTE 4 1 3 FOR BUSINESS TRANSACTIONS BEING NEGOTIATED OUTSIDE OF THOSE REQUIRED TO BE REPORTED TO THE BOARD AND ANY COMMITTEES, THE COMPLIANCE DEPARTMENT SHALL MAINTAIN DOCUMENTATION AS TO THE RESOLUTION AND APPROPRIATENES S OF ANY POTENTIAL CONFLICT RELATIVE TO MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN A SSOCIATES CONDUCTING BUSINESS ON BEHALF OF CHIC 5 COMPENSATION 5 1 A VOTING MEMBER OF A BOARD OR A BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC F OR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5 2 A PHYSICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RECEIVES COMPENS ATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISCUSSING AND VOT ING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHYSICIANS' COMPENSATION NO PHYSICIAN OR PHYSICIAN BOARD MEMBER OR COMMITTEE MEMBER, ETHER INDIVIDUALLY OR COLLECTIVELY, IS PRO HIBITED FROM PROVIDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHYSICIAN COM PENSATION 6 ANNUAL STATEMENTS 6 1 ALL INTERESTED PERSONS MUST COMPLETE A DISCLOSURE STA TEMENT ANNUALLY THIS DISCLOSURE STATEMENT MAY BE MODIFIED FROM TIME TO TIME AS DEEMED APP ROPRIATE. THE VICE PRESIDENT OF CHIC COMPLIANCE IS RESPONSIBLE FOR CIRCULATING, ENSURING C OMPLETION OF THE DISCLOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULTS TO THE CHIC HEALTH BOARD 7 PERIODIC REVIEWS 7 1 ANNUALLY, INTERNAL AUDIT WILL REVIEW COMPENSATION AND FINANCIAL ARRANGEMENTS FOR POTENTIAL CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	FORM 990, PART VI, Q 15A & 15B	THE ORGANIZATION'S CEO AND OFFICERS ARE EMPLOYED BY CENTURA HEALTH CORPORATION ("CENTURA") OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS AND CENTURA SENIOR EXECUTIVES THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE. CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA executives WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP FOR THOSE REPORTABLE INDIVIDUALS (I E BOARD MEMBERS) WHOSE COMPENSATION IS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), THEIR compensation was set by a compensation committee utilizing an independent consultant and comparability studies to determine compensation AMOUNTS THAT WERE BOARD APPROVED AND PAID TO THEM IN ACCORDANCE WITH A WRITTEN CONTRACT

ldentifier	Return Reference	Explanation
PUBLIC INSPECTION OF DOCUMENTS	FORM 990, PART VI, Q 19	The organization's governing documents are available on the COLORADO Secretary of State's website THE organization's financial statements are included in the Catholic Health Initiatives' consolidated audited financial statements that are available at www catholichealthinit org or at http://www.DacBond.com.The organization's conflict of interest policy IS not publicly available

ldentifier	Return Reference	Explanation
EVALUATION OF PARTICIPATION IN JOINT VENTURE ARRANGEMENTS	FORM 990, PART VIM Q, 16B	CATHOLIC HEALTH INITIATIVES-COLORADO HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, CATHOLIC HEALTH INITIATIVES' ("CHI") SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel

ldentifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	Form 990, Part VII	The organization's three voting board members are employed by Catholic Health Initiatives (CHI), a related organization Compensation reported on Form 990, Part VII was paid to the board members by CHI in exchange for the fulfillment of their duties as full-time, 60 hour-perweek employees

ldentifier	Return Reference	Explanation
Other Changes in Net Assets	1 ' '	Transfer from Affiliates \$69,550,696 Capital Resource Pool Contribution (8,376,738) Unrealized gain/loss 949,699 Total 62,123,657

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DLN: 93493132009652

**SCHEDULE R** (Form 990)

Department of the Treasury

## **Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Catholic Health Initiatives-Colorado 84-0405257 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity (c) Legal domicile (state Primary activity Total income End-of-year assets Direct controlling or foreign country) entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 12(b)(13) rolled uzation
						Yes	No
See Additional Data Table							
For Privacy Act and Panerwork Reduction Act Notice see the Instruction	ns for Form 990	Cat No. 50	0135V		Schedule R (F	orm 990)	2010

Part III Identifi because				<b>ble as a Partner</b> reated as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lıı	ne 34
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(b) rimary activity  (c) Legal domicile (state or foreign country)  (d) Direct controlling entity entity  (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)  Share of		Share of t	<b>(f)</b> total income	(g) tal income Share of end-of-year assets						(j) General or managing partner?		<b>(k)</b> Percentage ownership	
									Yes	No			Yes	No	
See Additional Data Table													-		
				ble as a Corpora ations treated as a							nswered "\	es" on	Form	990,	Part IV,
Name, address, and	<b>(a)</b> d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	g) re of of-year sets		<b>(h)</b> Percentage ownership
See Additional Data Table				Journal, ,										+	

(6)

Part V	I ransactions with Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
Note	. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related orga	inizations listed in Part	s II-IV?		1	
<b>a</b> Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift,	grant, or capital contribution to other organization(s)			1b	Yes	
<b>c</b> Gıft,	grant, or capital contribution from other organization(s)			<b>1</b> c	Yes	
<b>d</b> Loai	ns or loan guarantees to or for other organization(s)			1d		No
<b>e</b> Loai	ns or loan guarantees by other organization(s)			1e	Yes	
<b>f</b> Sale	of assets to other organization(s)			1f	+	No
	hase of assets from other organization(s)			1g		No
	nange of assets			1h		No
	e of facilities, equipment, or other assets to other organization(s)			1i		No
<b>i</b> Leas	e of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>	+	No
	ormance of services or membership or fundraising solicitations for other organization(s)			1k		No
	rmance of services or membership or fundraising solicitations by other organization(s)			11	Yes	
	ring of facilities, equipment, mailing lists, or other assets			1n	1	No
	ring of paid employees			1n		No
<b>o</b> Reir	nbursement paid to other organization for expenses			10		No
	nbursement paid by other organization for expenses			<b>1</b> p	Yes	
<b>q</b> Oth	er transfer of cash or property to other organization(s)			1q	Yes	<u> </u>
	r transfer of cash or property from other organization(s)			1r		$\vdash$
				<u> </u>		
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relatı	onships and transact	ion thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount
(1)						
See Addition	ul Data Table					
(2)						
(3)						
(-)						
(4)						
(5)						
(-)						

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

<b>(a)</b> Name, address, and EIN of entity	(a) address, and EIN of entity  Primary activity  (c) Legal domicile (state or foreign country)		(d) (e)  Are all Share of end-of-year section assets  501(c)(3) organizations?			r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
									+	
									+	
										-
										1

### Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 84-0405257

Name: Catholic Health Initiatives-Colorado

Form 990, Schedule R, Part II - Identification of Rel	ated Tax-Exempt Or	ganizations					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	( <b>g</b> 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	СНІ		
CHI National Foundation							
198 Inverness Drive West Englewood, CO80112 27-0930004	Fundraising	со	501(c)(3)	11a	СНІ		
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	СНІ		
St Joseph Physician Enterprises							
7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	СНІ		
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	iated lax-Exempt O	rganizations		1	T		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)( contr organi	n 512 13) olled
						Yes	No
CHI Colorado							
188 Inverness Drive West Englewood, CO80112 84-0405257	Healthcare	со	501(c)(3)	3	CHI		
Mercy Regional Medical Center of Durango							
1010 Three Springs Blvd Durango, CO81301 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, CO80204 84-1102943	Low Inc Care	СО	501(c)(3)	7	CHI Colorado		
Pueblo Stepup							
1925 East Orman Avenue Suite G52 Pueblo, C081004 84-1234295	Community	СО	501(c)(3)	7	СНІ		
SET of Colorado Springs Inc							
825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903 84-1183335	LTerm Care	со	501(c)(3)	7	CHI Colorado		
Total Healthcare							
PO Box 7021 Colorado Springs, CO80933 84-0927232	Healthcare	СО	501(c)(3)	3	CHI Colorado		
CHI-Iowa Corp							
1111 6th Avenue Des Moines, IA50314 42-0680448	Healthcare	IA	501(c)(3)	3	MHN		
Bishop Drumm Retirement Center							
1111 6th Avenue Des Moines, IA50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp		
House of Mercy							
1111 6th Avenue Des Moines, IA50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp		
Mercy Clinics Inc							
1111 6th Avenue Des Moines, IA50314 42-1193699	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 Rela	ited Tax-Exempt Or	ganizations					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g Section (b)(: contro	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, IA50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp		
Mercy Professional Practice Associates							
1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy Medical Center - Centerville FKA							
1 St Josephs Drive Centerville, IA52544 42-0680308	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	CHI		
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	KS	501(c)(3)	11a	SCH		
CHI Kentucky Inc							
3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	кү	501(c)(3)	11a	CHI		
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	CHI		
Flaget Memorial Hospital Foundation Inc							
4305 New Shepherdsville Road Bardstown, KY40004 56-2351341	Fundraising	кү	501(c)(3)	11a	FH		

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Saint Joseph London Foundation Inc 310 East Ninth Street London, KY40741 26-0438748	Fundraising	КҮ	501(c)(3)	11a	SJHS		
Saint Joseph Berea Hospital Foundation							
305 Estill Street Berea, KY40403 26-0152877	Fundraising	КҮ	501(c)(3)	7	SJHS		
St Joseph Hospital Foundation Inc							
305 Estill Street Lexington, KY40504 61-1159649	Fundraising	КҮ	501(c)(3)	11a	SJHS		
Saint Joseph Medical Foundation Inc							
One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	КҮ	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 Drive Towson, MD21204 52-0591461	Healthcare	MD	501(c)(3)	3	CHI		
St Joseph Medical Center Foundation In							
7601 Osler Drive Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC		
Alverna Apartments							
300 SE 8th Avenue Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	CHI		
Lakewood Health Center							
600 Main Avenue South Baudette, MN56623 41-0758434	LTerm Care	MN	501(c)(3)	3	CHI		
St Francis Home							
2400 St Francis Drive Breckenridge, MN56520 41-0729978	LTerm Care	MN	501(c)(3)	9	CHI		
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		

Form 990, Schedule R, Part II - Identification of Re	elated Tax-Exempt O	rganizations		1	T		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)( contr organi	n 512 13) olled
						Yes	No
Healthcare and Wellness Foundation							
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	СНІ		
St John's Regional Medical Center							
2727 McClelland Blvd Joplin, MO64804 44-0545809	Healthcare	МО	501(c)(3)	3	СНІ		
Mercy Lifecare Systems							
2727 McClelland Blvd Joplin, MO64804 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, MO64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC		
St John's Mercy Regional Foundation							
2727 McClelland Blvd Joplin, MO64804 43-1308084	Fundraising	МО	501(c)(3)	7	SJRMC		
Alegent Health - Bergan Mercy Health Sys							
7500 Mercy Road Omaha, NE68124 47-0484764	Healthcare	NE	501(c)(3)	3	CHI		
Alegent Health - Mercy Hospital Corning							
PO Box 368 Corning, IA50841 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, IA51503 42-1178204	Fundraising	IA	501(c)(3)	11a	АНВМНЅ		

Form 990, Schedule R, Part II - Identification of R	eiateu Tax-Exempt O	gainzations				T	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)( contr	13)
						Yes	No
CHI Nebraska							
555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI		
The Physician Network							
8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Phys Practice	NE	501(c)(3)	11a	CHI Nebraska		
Good Samarıtan 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, CO80112 20-8473567	Jurdic Person	СО	501(c)(3)	11a	СНІ		
Saint Elizabeth Regional Medical Center							
555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska		
Saint Elizabeth Foundation							
555 South 70th Street Lincoln, NE68510 47-0625523	Fundraising	NE	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	NE	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	NE	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 R	elated lax-Exempt O	rganizations	T		_	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> 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	NJ	501(c)(3)	11b	SCHS		
Saint Clare's Foundation Inc							
66 Ford Road Denville, NJ07834 22-2502997	Fundraising	NJ	501(c)(3)	7	SCHS		
Saint Clare's Hospital							
66 Ford Road Denville, NJ07834 22-3319886	Healthcare	NJ	501(c)(3)	3	CHI		
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	NM	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	CHI		
Carrington Health Center							
800 North 4th Street Carrington, ND58421 45-0227311	Healthcare	ND	501(c)(3)	3	CHI		
Lisbon Area Health Services							
905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	CHI		
Mercy Hospital of Devils Lake							
1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	CHI		
The Mercy Hospital of Devils Lake Fdn							
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Fundraising	ND	501(c)(3)	11a	MHDL		

Form 990, Schedule R, Part II - Identification of Re	ziated Tax-Exempt O	rganizations					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)(i contr	g) on 512 (13) crolled
						Yes	No
Mercy Hospital of Valley City		Τ '		T		Ţ	
570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Healthcare	ND	501(c)(3)	3	СНІ		
Mercy Medical Center		T					
1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	СНІ		
Mercy Medical Foundation		1					
1301 15th Avenue West Williston, ND58801 45-0381803	Fundraising	ND	501(c)(3)	11a	ммс		
O akes Community Hospital		†		1	†	<u> </u>	$\top$
314 South 8th Street Oakes, ND58474 45-0231675	Healthcare	ND	501(c)(3)	3	СНІ		
O akes 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		1					
30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ		
Saint Joseph's Hospital Foundation		7					
30 West 7th Street Dickinson, ND58601 36-3418207	Fundraising	ND	501(c)(3)	11a	SJHHC		
Villa Nazareth Inc		1					
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	CHI		
Samaritan Behavioral Health		1					
601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Healthcare	ОН	501(c)(3)	3	SHP		
Samaritan Health Foundation		1					
2222 Philadelphia Drive Dayton, OH45406 23-7296923	Fundraising	ОН	501(c)(3)	7	SHP		
The Good Samaritan Hospital of Cincinnat		1					
619 Oak Street Accounting-3 West Cincinnati, OH45206 31-0537486	Healthcare	ОН	501(c)(3)	3	TRI-HEALTH		

Form 990, Schedule R, Part II - Identification of Re	elated Tax-Exempt O	Tyanizations	Τ			$\overline{}$	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)(i contr	g) on 512 (13) crolled nization
						Yes	No
The Community Limited Care Dialysis Cent		<u> </u>		T			
619 Oak Street Accounting-3 West Cincinnati, OH45206 23-7419853	Dialysis	ОН	501(c)(2)	none	GSH		
Good Samaritan College of Nursing & Heal							
375 Dixmyth Ave Cincinnati, 0H45220 31-1778403	Education	КҮ	501(c)(3)	2	GHS		
Good Samaritan Foundation of Cincinnati		7					
619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1206047	Fundraising	ОН	501(c)(3)	11a	GSH		
Hospital Association for St Joseph Hosp		1				1	
7601 Osler Drive Towson, MD21204 52-6050777	Healthcare	MD	501(c)(3)	9	SJMC		
Mercy Medical Center		,				1	
2700 Stewart Parkway Roseburg, OR97470 93-0386868	Healthcare	OR	501(c)(3)	3	СНІ		
Centennial Medical Group Inc		,					
2700 Stewart Parkway Roseburg, OR97470 90-0433062	Physicians	OR	501(c)(3)	9	ммс		
Linus O akes Inc		,					
2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ММС		
Mercy Foundation Inc						T	
2700 Stewart Parkway Roseburg, OR97470 93-6088946	Fundraising	OR	501(c)(3)	7	ММС		
Mt St Joseph Inc		<u> </u>				T	
3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	CHI		
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	OR	501(c)(3)	3	СНІ		

Form 990, Schedule R, Part II - Identification of R	elated lax-Exempt O	rganizations		1	1	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)( contr	13)
						Yes	No
St Francis of Baker City							
3325 Pocahontas Road Baker City, OR97814 93-0412495	Healthcare	OR	501(c)(3)	3	СНІ		
St Joseph Health Ministries							
1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 23-2342997	Health	PA	501(c)(3)	11a	CHI		
St Joseph Health Ministries Foundation							
1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM		
St Joseph Health Services Inc							
1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 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, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	внс		
St Joseph Medical Center Foundation							
2500 Bernville Road PO Box 316 Reading, PA19603 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, TN37404 62-0532345	Healthcare	TN	501(c)(3)	3	CHI		
Memorial Health Care System Foundation							
2525 De Sales Avenue Chattanooga, TN37404 62-1839548	Fundraising	TN	501(c)(3)	7	MHCS		
Memorial Health Partners Foundation Inc							
6028 Shallowford Road Chattanooga, TN37421 03-0417049	Healthcare	TN	501(c)(3)	9	MHCS		

orm 550, Schedule 19 1 det 11 1 1 definition of Rela	teu rux Exempt er	gamzations					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> 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, WA98405 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

Form 990, Schedul	e R, Part III -	Identif	ication of R	Related Orga	nizations Taxable	as a Partnership							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	allocations		Disproprtionate (1)		Ger Man	j) neral or aging tner?	(k) Percentage ownership
CHI Operating				312 314)			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			Νo	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, CO80920 84-1072619	Medical Imaging	со	тнс	Related	1,857,228	5,457,224		No			No	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	Real Estate	СО	тнс	Related	-180,979	14,886,022		No			No	51 000 %	
Colorado Springs, CO 80918 26-3134100													
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	KY	SJ HospitalLex	Related				Νο			No	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>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispro allocat	prtionate	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Ger Man	i) neral or aging mer?	(k) Percentage ownership
St Joseph-PAML LLC				312 314)			res	NO		res	NO	
424 Lewis Hargett Circle Ste 160 Lexington, KY40503 45-2116736	Mgmt Svcs	KY	SJHS	Related				No		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		Νo	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				No			No	51 000 %

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	<b>(b)</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) Disprop allocati	ortionate	(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j Gen o Mana Part	r agıng	<b>(k)</b> 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, WA98405 91-1352698	Med Office	WA	FHS	Related	116,948	1,652,280		No			No	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			No	60 000 %
Berywood Office Properties LLC	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>(b)</b> Primary activity	<b>(c)</b> 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 (\$)	<b>(h)</b> Percentage ownership					
Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY41018 84-1112049	Management Servic	со	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, CO80112 27-2269511	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	CHIC	C Corp			100 000 %					
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp		1,253,452	92 980 %					
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA50314 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	КҮ	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 Outreach 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 %					

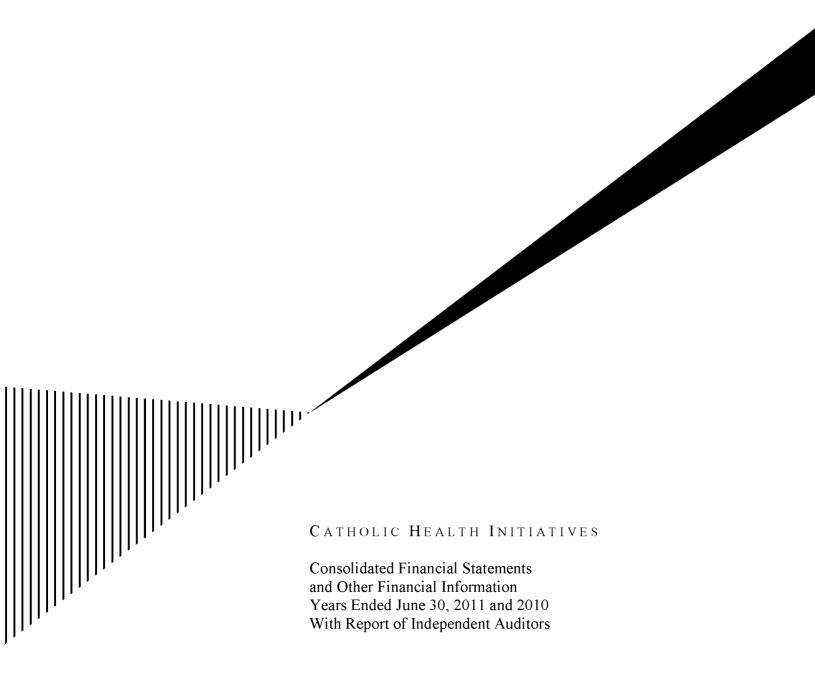
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	( <b>g)</b> Share of end-of-year assets (\$)	(h) Percentage ownership					
MedQuest 1301 15th Avenue West Williston, ND58801 45-0392137	Sale of DME	ND	MHof 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 %					
American Nursing Care 1700 Edison Drive Milford, OH45150 31-1085414	Home Health	ОН	снѕ	C Corp	1,778,617	44,470,358	100 000 %					
Amerimed 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	MHCS	C Corp	-386,020	4,667,998	100 000 %					
Physician Health System Network 1149 Market St Tacoma, WA98402 91-1746721	Health Org	WA	FHS	C Corp			100 000 %					
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA98402 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	SJHHC	Trust	1,240	21,533	100 000 %					
Harold W Rase 1996 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037112	Investments	ND	SJHHC	Trust	900	15,495	100 000 %					
Harold W Rase 1997 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037104	Investments	ND	SJHHC	Trust	1,025	20,261	100 000 %					
Harold W Rase 1999 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037099	Investments	ND	SJHHC	Trust	1,313	25,027	100 000 %					
James & Henrietta Nistler Unitrust 30 West 7th Street Dickinson, ND58601 20-6021899	Investments	ND	SJHHC	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	NE	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 %

## Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	( <b>b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	Catholic Health Initiatives	е	50,000,000	
(2)	Total Healthcare	R	17,820,858	
(3)	Mercy Regional Medical Center	r	51,563,474	
(4)	Catholic Health Initiatives	L	13,173,085	
(5)	Catholic Health Initiatives	Q	24,827,446	
(6)	Catholic Health Initiatives	С	562,574	
(7)	CHI Colorado Foundation	С	9,706,798	
(8)	CHI Colorado Foundation	b	4,930,986	
(9)	Total Healthcare	р	8,686,001	
(10)	CHI INSTITUTE FOR RESEARCH AND INNOVATION	D	577 405	



Ernst & Young LLP



## Catholic Health Initiatives Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

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#### 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

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## Catholic Health Initiatives Consolidated Balance Sheets

	June 30			
	2011	2010		
	(In The	ousands)		
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	<b>70,805</b> 52,82			
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 Notes receivable and other	<b>57,486</b> 35,403			
	640,027	629,216 \$ 12,702,566		
Total assets	\$ 13,881,134	\$ 12,792,566		

Continued on following page

## Catholic Health Initiatives Consolidated Balance Sheets (continued)

	June 30			
	2011 2010			2010
		(In Tho	นรสเ	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			ne 30	
	2011			2010	
_		(In Thousands)			
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)

		Inrestricted Net A	ssets			
	Attributable to CHI	Attributable to Noncontrolling Interests	_	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
Balances, June 30, 2009	\$ 5,336,66			\$ 114.694	\$ 53.728	\$ 5.513.472
Excess of revenues over expenses	681.98			_	_	682,948
Increase in pension liability	(131.36	0) –	(131,360)	_	_	(131,360)
Temporarily and permanently restricted contributions			-	37,772	420	38,192
Net assets released from restriction for capital	23,59	8 –	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	7 (1.144	1.993	301	(565)	1.729
Net loss from discontinued operations	(38.64	8) –	(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	7 8.204	5.883.581	112.207	53,408	6,049,196
Excess of revenues over expenses	1,117,38	4 3,298	1,120,682	_	_	1,120,682
Decrease in pension liability	404,76	8 –	404,768	_	_	404,768
Temporarily and permanently restricted contributions			· _	44,502	3,803	48,305
Net assets released from restriction for capital	26,27	0 –	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	24,36	2 (2,535	21,827	(1,494)	3,478	23,811
Net increase in net assets	1,572,78	4 763	1,573,547	10,588	9,018	1,593,153
Balances, June 30, 2011	\$ 7,448,16	1 \$ 8,967	\$ 7,457,128	\$ 122,795	\$ 62,426	\$ 7,642,349

See accompanying notes

## Catholic Health Initiatives Consolidated Statements of Cash Flows

	Year Ended June 30		
	 2011 2010		
	(In Thousands)		
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.	0.644		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	779,013		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

## Catholic Health Initiatives Notes to Consolidated Financial Statements

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,

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## Catholic Health Initiatives Notes to Consolidated Financial Statements (continued)

#### 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

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### 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 *annual* 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	<b>33,397</b>	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

		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
Cash and equivalents CHI Investment Program (the Program) Marketable fixed-income securities Marketable equity securities Hedge funds and other investments	\$ 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
Less current portion	(19,554) \$ 5,902,829 \$	(3,463) 5,192,075

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
Marketable fixed-income securities Marketable equity securities Alternative investments	34% 45 19	38% 41 19
Cash and equivalents	2	2
-	100%	100%

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							
		(	Level 1)	(	Level 2)	(I	Level 3)
F	air Value	Qu	oted Prices		Other		
	as of			O	bservable	Uno	bservable
	June 30	1	Markets		Inputs	]	Inputs
_							
\$	151,808	\$	151,808	\$	_	\$	_
	309,117		309,117		_		_
	419,333		_		419,333		_
	2,257		_		_		2,257
	12,761		12,761				
\$	895,276	\$	473,686	\$	419,333	\$	2,257
- \$	116,601	\$	_	\$	116,601	\$	_
	12,761		12,761		_		_
\$	129,362	\$	12,761	\$	116,601	\$	_
	\$ - \$	Fair Value as of June 30  \$ 151.808 309.117  419.333 2.257  12.761  \$ 895.276  \$ 116.601 12.761	Fair Value as of June 30  \$ 151.808 \$ 309.117  419.333	Fair Value (Level 1)  Fair Value as of June 30  \$ 151.808	Fair Value   Clevel 1) (   Cle	Fair Value as of June 30   Quoted Prices in Active Markets   Other Observable Inputs	Fair Value   (Level 1)   (Level 2)   (I   Fair Value   as of June 30   Markets   Observable   Uno June 30   Markets   Inputs

### 7. Fair Value of Assets and Liabilities (continued)

				20	10				
	Fair Value Measurements at Reporting Date Using								
			(	Level 1)	(	Level 2)	(Level 3)		
	F	air Value	Qu	oted Prices		Other	·	·	
		as of	i	n Active	O	bservable	Unob	servable	
		June 30	ľ	Markets		Inputs	Ir	puts	
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

<sup>\*</sup>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	Amounts 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 \$413 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 Osing					Using	
			(Level 1)	(	Level 2)	(	(Level 3)
	 Fair Value as of June 30	-	oted Prices in Active Markets	o	Other bservable Inputs	Un	observable 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

	=010							
		Fair Value Measurements at Reporting Date Using					Using	
				(Level 1)	(	(Level 2)	(	(Level 3)
	I	Fair Value	Qι	ioted Prices		Other		
		as of		in Active	0	bservable	Un	observable
		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)

	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>	ounts 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

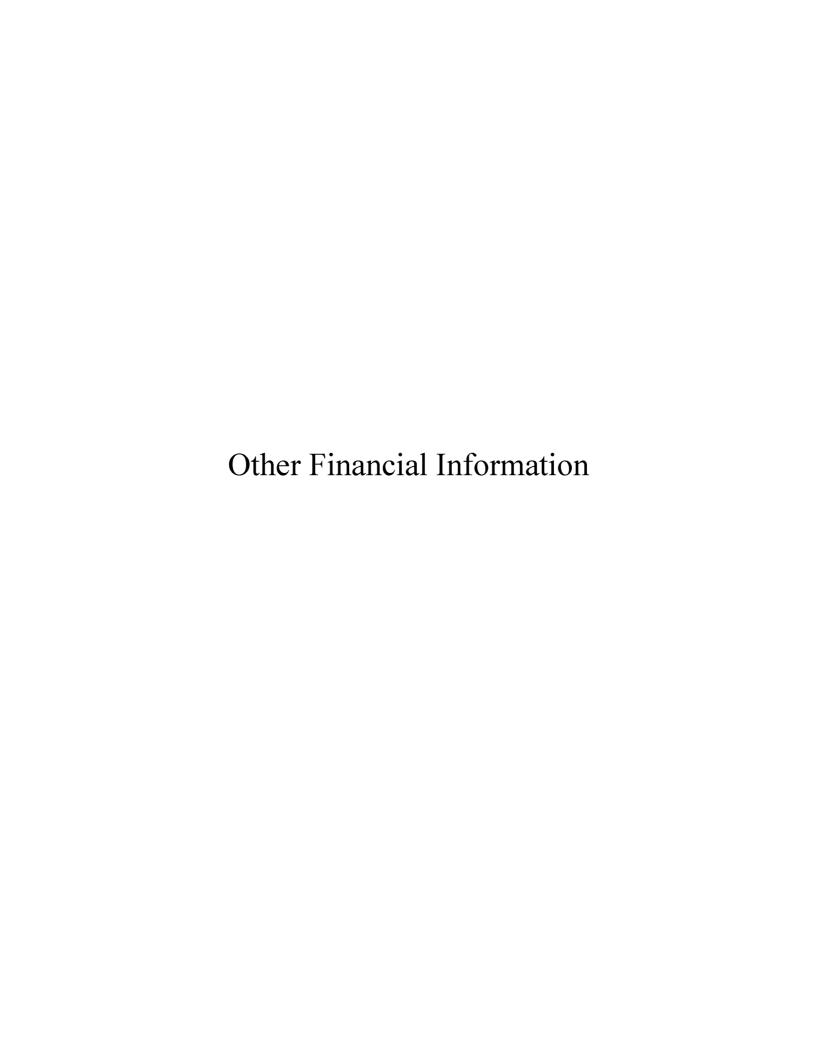
#### **Statewide Health Care Network in Kentucky**

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

### 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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### 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

### 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	\$ 9109778	s – \$	- \$	- \$	- \$	(104 800) \$	9 004 978
rect patient services	J 2102770	<b>J</b>	3	, ,	J	(117-1117)	210
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
()ther	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 ()4()
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
()ther	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 5	\$ - \$	- \$	- \$	- \$	- \$	3 298
mark and a mark	φ 3.290 .	<del>- 3</del>	- 3	- 3	_ <b>\$</b>		3 270
Excess (deficiency) of revenues over expenses attributable to $\operatorname{CHI}$	\$ 769 154	\$ 247.513 \$	85 516 \$	27 480 \$	(11 163) \$	(1 116) \$	1 117 384

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