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Form **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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Carson Tahoe Regional Healthcare

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 2168

City or town, state or country, and ZIP + 4
Carson City, NV 89702

D Employer identification number
88-0502320

E Telephone number
(775) 445-8000

G Gross receipts $ 218,694,573

F Name and address of principal officer
ANN BECK CFO
1600 MEDICAL PARKWAY
CARSON CITY, NV 89703

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www carsontahoe com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002

M State of legal domicile NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENHANCE THE HEALTH AND WELL BEING OF THE COMMUNITIES WE SERVE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,435
6	Total number of volunteers (estimate if necessary)	**6**	245
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,959,837	194,374
	9 Program service revenue (Part VIII, line 2g)	194,262,610	216,773,135
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,921,599	3,444,950
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,407,077	-1,774,811
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,551,123	218,637,648
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	81,396
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	76,988,148	90,860,369
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶140,034		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	107,076,336	119,129,627
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	184,064,484	210,071,392
	19 Revenue less expenses Subtract line 18 from line 12	23,486,639	8,566,256

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	328,984,293	334,629,144
	21 Total liabilities (Part X, line 26)	151,758,194	148,690,603
	22 Net assets or fund balances Subtract line 21 from line 20	177,226,099	185,938,541

Part II Signature Block

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

Sign Here

****** | 2012-10-26
Signature of officer | Date

ANN BECK CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733		EIN ▶ Phone no ▶ (314) 231-5544

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ENHANCE THE HEALTH AND WELL BEING OF THE COMMUNITIES WE SERVE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 164,543,078 including grants of $) (Revenue $ 216,773,135)

See Schedule O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 164,543,078

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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? *If "Yes," complete Schedule G, Part I*	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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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)			
a	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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**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**	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	131		
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?			**1c**	Yes	
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	**2a**	1,435			
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?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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).**					
a	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
b	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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
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**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**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	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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	Yes	
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
	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 taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NV

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 made 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 made 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 ▶

KURT DISNEY CONTROLLER
PO BOX 2168
CARSON CITY, NV 89702
(775) 445-7901

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD EPPERSON PRESIDENT/CEO	40 0	X		X				592,769	0	41,104
(2) ANDREA WEED DO ASSISTANT SECRETARY	3 0	X		X				8,400	0	0
(3) REX BAGGETT MD BOARD TRUSTEE	3 0	X						8,400	0	0
(4) JAMES GIBSON BOARD TRUSTEE	3 0	X						8,400	0	0
(5) DON HATAWAY VICE CHAIRMAN	3 0	X		X				8,850	0	0
(6) PETER LIVERMORE BOARD TRUSTEE	3 0	X						8,550	0	0
(7) CLIFTON MACLIN JR BOARD TRUSTEE	3 0	X						8,550	0	0
(8) JONATHON MILLER TREASURER	3 0	X		X				8,400	0	0
(9) CALEB R MILLS ASSISTANT SECRETARY	3 0	X		X				8,400	0	0
(10) JO SAULISBERRY BOARD TRUSTEE	3 0	X						8,400	0	0
(11) JEFFREY UPTON MD CHAIRMAN	3 0	X		X				9,000	0	0
(12) KATHY TRIPLETT SECRETARY	3 0	X		X				8,850	0	0
(13) RICHARD STAUB BOARD TRUSTEE	3 0	X						8,400	0	0
(14) JACK DAVIS DO CHIEF OF STAFF	20 0	X						71,188	0	0
(15) ANN BECK VP FINANCIAL SERVICES	40 0			X				332,710	0	6,106
(16) RICHARD LAWLEY VP HUMAN RESOURCES	40 0			X				547,915	0	33,825
(17) CATHERINE DINAUER VP PATIENT CARE SERVICES	40 0			X				367,285	0	30,329

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY FIELD MD VP MEDICAL AFFAIRS	20 0			X				257,793	0	31,116
(19) BASIL CHYRSSOS MD PHYSICIAN	40 0					X		544,958	0	17,749
(20) CHRISTOPHER DIPAOLO MD PHYSICIAN	40 0					X		620,822	0	16,576
(21) DAVID M BAKER MD PHYSICIAN	40 0					X		544,958	0	17,749
(22) JOE CHAVEZ MD PHYSICIAN	40 0					X		540,958	0	21,749
(23) CARL F JUNEAU MD PHYSICIAN	40 0					X		572,073	0	18,084

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	5,096,029	0	234,387

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 98

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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 receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALSCO - AMERICAN LINEN DIVISION PO BOX 7497 RENO, NV 89510	LAUNDRY SERVICES	711,961
LAKE TAHOE REGIONAL HOSPITALISTS 2645 ANAZC CIRCLE CARSON CITY, NV 89701	PHYSICIAN SERVICES	1,754,112
ROUTT DIALYSIS LLC PO BOX 403008 ATLANTA, GA 303843008	DIALYSIS SERVICES	482,031
MINDEN EMERGENT CARE ASSOCIATES 1600 MEDICAL PARKWAY CARSON CITY, NV 89703	PHYSICIAN SERVICES	952,918
ALLIANCE HEALTHCARE SERVICES 1900 S STATE COLLEGE 600 ANAHEIM, CA 92806	RADIOLOGY SERVICES	543,900

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 43

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 96,664				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 97,710				
	g	Noncash contributions included in lines 1a-1f $ 129,735				
	h	**Total.** Add lines 1a-1f . . . . . ▶	194,374			
Program Service Revenue		Business Code				
	2a	THIRD PARTY REIMBURSEMENT 621110	115,786,898	115,786,898		
	b	MEDICARE/MEDICAID PAYMENTS 621110	96,411,498	96,411,498		
	c	CARSON TAHOE CARDIOLOGY 621110	4,133,168	4,133,168		
	d	OTHER OPERATING REVENUE 621110	441,571	441,571		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	216,773,135			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,584,949			2,584,949
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 946,563				
	b	Less rental expenses				
	c	Rental income or (loss) 946,563				
	d	Net rental income or (loss) . . . . . ▶	946,563			946,563
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 890,467 / 26,459				
	b	Less cost or other basis and sales expenses 0 / 56,925				
	c	Gain or (loss) 890,467 / -30,466				
	d	Net gain or (loss) . . . . . ▶	860,001			860,001
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	PARTNERSHIP INTEREST 621110	-5,095,786			-5,095,786
	b	COMMUNITY WELLNESS/EDUCATION 900099	123,162			123,162
	c	CAFETERIA SALES 722210	584,203			584,203
	d	All other revenue	1,667,047			1,667,047
	e	**Total.** Add lines 11a–11d . . . . . ▶	-2,721,374			
	12	**Total revenue.** See Instructions . . . ▶	218,637,648	216,773,135		1,670,139

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	81,396	81,396		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	2,414,740		2,414,740	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	27,150		27,150	
7	Other salaries and wages	71,607,162	55,428,148	16,090,711	88,303
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,786,674	1,297,690	486,890	2,094
9	Other employee benefits	9,867,326	7,403,577	2,451,649	12,100
10	Payroll taxes	5,157,317	3,817,160	1,333,738	6,419
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	559,700		559,700	
c	Accounting	100,555		100,555	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	19,062,522	13,310,245	5,740,639	11,638
12	Advertising and promotion	822,774	661,005	155,704	6,065
13	Office expenses	33,813,571	31,633,721	2,175,405	4,445
14	Information technology	6,679,466	4,916,087	1,763,379	
15	Royalties . .	0			
16	Occupancy	8,202,602	3,481,120	4,716,759	4,723
17	Travel	203,028	57,709	145,194	125
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,075,874	4,471,843	1,604,031	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,464,909	8,481,432	2,982,855	622
23	Insurance	1,798,998	1,324,063	474,935	
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)				
a	PROVISION FOR BAD DEBTS	22,144,224	22,144,224		
b	REPAIRS AND MAINTENANCE	4,569,764	3,362,443	1,206,093	1,228
c	EQUIPMENT RENTAL	1,216,775	894,838	320,975	962
d	EDUCATION	554,929	408,428	146,501	
e					
f	All other expenses	1,859,936	1,367,949	490,677	1,310
25	**Total functional expenses.** Add lines 1 through 24f	210,071,392	164,543,078	45,388,280	140,034
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		13,599,114	2	12,411,998
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		25,029,224	4	26,734,640
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		5,349,370	7	6,920,871
	8	Inventories for sale or use		3,199,068	8	3,751,017
	9	Prepaid expenses and deferred charges		3,515,857	9	4,988,626
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 239,958,073			
	b	Less accumulated depreciation	10b 72,416,294	169,660,771	10c	167,541,779
	11	Investments—publicly traded securities		77,669,867	11	81,234,665
	12	Investments—other securities See Part IV, line 11		21,291,464	12	20,189,790
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		6,531,306	14	7,634,021
	15	Other assets See Part IV, line 11		3,138,252	15	3,221,737
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		328,984,293	16	334,629,144
Liabilities	17	Accounts payable and accrued expenses		24,241,440	17	20,025,777
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		122,230,000	20	119,220,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,286,754	25	9,444,826
	26	**Total liabilities.** Add lines 17 through 25		151,758,194	26	148,690,603
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		177,226,099	27	185,938,541
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		177,226,099	33	185,938,541
	34	Total liabilities and net assets/fund balances		328,984,293	34	334,629,144

Part XI Reconcilliation of Net Assets

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	218,637,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,071,392
3	Revenue less expenses Subtract line 2 from line 1	3	8,566,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	177,226,099
5	Other changes in net assets or fund balances (explain in Schedule O)	5	146,186
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	185,938,541

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I 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)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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 line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

20 **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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- 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, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Carson Tahoe Regional Healthcare	88-0502320

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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					

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

		(a) Yes	(a) No	(b) 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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		62,400
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			62,400
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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".

1	Dues, assessments and similar amounts from members	1	
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).**		
a	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

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
DESCRIPTION OF POLITICAL ACTIVITIES	PART I-A, LINE 1	Government Affairs services provided in the Nevada State Legislature on behalf of Carson Tahoe Regional Healthcare and consultation services to the hospital with respect to general legislative issues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	51,842,437	53,863,362	47,226,955	43,851,503	
b Contributions			5,741,807	1,305	
c Investment earnings or losses	2,269,921	2,479,075	894,600	3,572,251	
d Grants or scholarships				198,104	
e Other expenditures for facilities and programs		4,500,000			
f Administrative expenses					
g End of year balance	54,112,358	51,842,437	53,863,362	47,226,955	

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,922,838		20,922,838
b Buildings		134,466,978	25,172,250	109,294,728
c Leasehold improvements		15,273,434	5,850,400	9,423,034
d Equipment		64,508,380	41,393,644	23,114,736
e Other		4,786,443		4,786,443
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				167,541,779

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PARTNERSHIP & EQUITY INTERESTS	20,189,790	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	20,189,790	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
MARKET VALUE OF SWAP	9,134,826
PROFESSIONAL LIABILITY RECEIVABLE	310,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	9,444,826

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	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	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4	THE FUNDS ARE DESIGNATED FOR CAPITAL IMPROVEMENTS, TO MEET BOND REQUIREMENTS, AND TO PROVIDE FUNDS FOR HEALTH CARE PROGRAMS
FIN 48 FOOTNOTE	PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			6,166,269		6,166,269	3 280 %
b Medicaid (from Worksheet 3, column a)			12,999,184	7,458,198	5,540,986	2 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			441,687	215,957	225,730	0 120 %
d **Total** Charity Care and Means-Tested Government Programs			19,607,140	7,674,155	11,932,985	6 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,742,106	149,540	2,592,566	1 380 %
f Health professions education (from Worksheet 5)			17,215		17,215	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			132,522		132,522	0 070 %
j **Total** Other Benefits			2,891,843	149,540	2,742,303	1 460 %
k **Total.** Add lines 7d and 7j			22,498,983	7,823,695	14,675,288	7 810 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			290		290	
3 Community support			8,644		8,644	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			384,499		384,499	0 180 %
10 **Total**			393,433		393,433	0 180 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	22,144,224		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	12,316,208		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	75,712,424
6	Enter Medicare allowable costs of care relating to payments on line 5	6	72,934,722
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	2,777,702
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	CARSON SURG HOSP BLD	MEDICAL BUILDING LANDLORD	70 000 %	3 000 %	27 000 %
2	SIERRA SURGICAL HOSP	OUTPATIENT SURGERIES	70 000 %		27 000 %
3	RADIATION ONCOLOGY	ONCOLOGY RADIATION	40 000 %		60 000 %
4	CARSON DOUGLAS AMBUL	OUTPATIENT SURGERIES	22 000 %		57 000 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	CARSON TAHOE REGIONAL HEALTHCARE 1600 MEDICAL PARKWAY CARSON CITY, NV 89703	X	X					X		
2	SIERRA SURGERY HOSPITAL 1400 MEDICAL PARKWAY CARSON CITY, NV 89703	X								
3	BEHAVIORAL HEALTH SERVICES 1080 N MINNESOTA ST CARSON CITY, NV 89702	X								

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)

CARSON TAHOE REGIONAL HEALTHCARE

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 ☐ Demographics of the community			
c ☐ 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			
g ☐ The process for identifying and prioritizing community health needs and services to meet those 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 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 ___			
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 ☐ 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 ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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**		
Financial 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**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ 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)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☑ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the 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			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe 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 regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

SIERRA SURGERY HOSPITAL

Name of Hospital Facility:

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 ☐ Demographics of the community			
c ☐ 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			
g ☐ The process for identifying and prioritizing community health needs and services to meet those 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 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 ___			
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 ☐ 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 ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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		
Financial 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	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ 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)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☑ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the 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			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe 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 regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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)

BEHAVIORAL HEALTH SERVICES

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 ☐ Demographics of the community			
c ☐ 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			
g ☐ The process for identifying and prioritizing community health needs and services to meet those 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 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 ___			
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 ☐ 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 ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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**		
Financial 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**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ 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)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☑ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the 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			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe 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 regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **11**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **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)

6 **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
PART I, LINE 7, COLUMN F		THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF $22,144,224 REPORTED ON PART IX, LINE 25 HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
PART I, LINE 7		THE COSTS REPORTED IN THE TABLE IN PART I, LINE 7 USED A RATIO OF PATIENT CARE COSTS TO CHARGES AS COMPUTED IN WORKSHEET 2 OF THE FORM INSTRUCTIONS THIS METHODOLOGY WAS USED FOR ALL PATIENT SEGMENTS

Identifier	ReturnReference	Explanation
PART III, LINE 4		NOTES TO FINANCIAL STATEMENTS, NOTE 1 PATIENT ACCOUNTS RECEIVABLE THE HOSPITAL REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS, AND OTHERS THE HOSPITAL PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION, AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE HOSPITAL BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT LINE 2 THE AMOUNT ENTERED REPRESENTS THE BAD DEBT EXPENSE REPORTED IN THE AUDITED FINANCIAL STATEMENTS LINE 3 OTHER BAD DEBT AMOUNTS ARE ALLOWABLE IN THE ANNUAL STATE OF NEVADA COMMUNITY BENEFITS REPORT

Identifier	ReturnReference	Explanation
PART III, LINE 8		MEDICARE ALLOWABLE COSTS PER THE AS FILED FY2011 MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
PART III, LINE 9B		ALL ACCOUNTS WITH PATIENT BALANCES WILL BE REFERRED TO A CONTRACTED SERVICE THAT REPRESENTS CTRH FOR GUARANTOR FOLLOW UP REFERRAL OF ACCOUNTS TO A COLLECTION AGENCY PROVED GUIDELINE TO ENSURE THE INTEGRITY OF THE COLLECTION AGENCY REFERRAL PROCESS AND FOLLOWUP PROCEDURES IN ADDITION, PATIENT FINANCIAL SERVICES WILL NOTIFY ALL UNINSURED PATIENTS VIA HOSPITAL SIGNAGE, PERSONAL INTERVIEW, AND VIA BILLING STATEMENTS THAT THEY MAY QUALIFY FOR CHARITY PROVISIONS BASED ON NEED AND PROVIDE THE CONTACT INFORMATION

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT		NEEDS ARE CURRENTLY BASED ON DIRECT PATIENT AND PHYSICIAN FEEDBACK, SURVEY RESPONSES, AND BEST PRACTICE INFORMATION FROM OTHER ORGANIZATIONS INFORMATION OBTAINED FROM NEEDS ASSESSMENT CONDUCTED IN 2010 RECOGNIZED THE COMMUNITY'S NEED FOR BETTER ACCESS TO HEALTHCARE IN RESPONSE, CARSON TAHOE HAS ESTABLISHED CARDIOLOGY CLINICS AND CLINICS AT WALMART IN OUTLYING AREAS THE HEALTHCARE SYSTEM RELIES ON INTELLIMED SERVICES TO REPORT INFORMATION ON OUT MIGRATION OF SERVICES WITHIN THE PRIMARY AND SECONDARY MARKETS THEN UTILIZES INFORMATION GATHERED TO FORMULATE NEEDS ASSESSMENT OUR HEALTHCHECK LABORATORY SERVICES OFFER HEALTH SCREENING AT DISCOUNTED RATES AS A RESULT OF FEEDBACK FROM PHYSICIANS AND COMMUNITY REQUESTS WE WORK IN NEVADA STATE HEALTH AND HUMAN SERVICES ON IDENTIFYING AREAS OF NEED CDC AND INFECTION CONTROL MONITOR INDUSTRY TRENDS AND ADVISES POSSIBLE AREAS OF FOCUS

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		INFORMATION IS PROVIDED TO THE PATIENT AT THE TIME OF REGISTRATION, BOTH IN WRITING AND THROUGH A DIRECT DISCUSSION WITH PATIENTS INFORMATION IS PROVIDED IN THE PATIENT'S BILL ELIGIBILITY REPRESENTATIVE AND FINANCIAL COUNSELORS ARE LOCATED ON SITE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION		THE HOSPITAL COMMUNITY CONSISTS OF A SMALL URBAN AREA AND A LARGE RURAL POPULATION IN EXCESS OF 250,000 PEOPLE, COVERING NORTHERN NEVADA AND EASTERN CALIFORNIA, LARGEST DEMOGRAPHIC IS AGE 50 AND ABOVE

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH		USE OF SURPLUS FUNDS ALLOWS FACILITY TO UPDATE MEDICAL EQUIPMENT AND TECHNOLOGY WHICH PROVIDE ADVANCEMENTS IN PATIENT CARE CARSON TAHOE PARTICIPATES WITH CARSON CITY HEALTH AND HUMAN SERVICES IN THE COMMUNITY HEALTH IMPROVEMENT PLAN 2020 CARSON TAHOE PROVIDES OUTREACH PROGRAMS, HEALTH FAIRS, WELLNESS PROGRAMS, BUSINESS HEALTH PARTNERSHIPS, SEMINARS, LECTURES, AND EDUCATIONAL FORUMS TO HELP PROMOTE A HEALTHIER COMMUNITY THE WOMEN'S HEALTH INSTITUTE PROVIDES FREE HEALTH RESOURCES, CLASSES AND GUIDANCE CARSON TAHOE IS COMMITTED TO PROVIDING THE BEST HEALTHCARE AVAILABLE TO ALL COMMUNITY MEMBERS REGARDLESS OF THEIR ABILITY TO PAY

Identifier	ReturnReference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES	CTRH EMPLOYEES PARTICIPATE IN THE INTER HOSPITAL COORDINATING COUNCIL, IHCC, AN EMERGENCY PREPAREDNESS GROUP THAT INTEGRATES WITH OTHER AGENCIES SUCH AS FEMA, RED CROSS, NEVADA HOSPITAL ASSOCIATION, STATE AND LOCAL HEALTH, FIRE AND POLICE DEPARTMENTS THE HOSPITAL PAYS PROPERTY TAXES TO CARSON, LYON, AND DOUGLAS COUNTIES FOR LOCATIONS THAT CTRH OWNS OR LEASES IN THE COMMUNITIES WE SERVE CTRH ALSO SUPPORTS CHAMBER OF COMMERCE THROUGH ANNUAL MEMBERSHIP

Identifier	ReturnReference	Explanation
PART V, SECTION B, LINE 15		WAGE ATTACHMENTS

Additional Data

Software ID:
Software Version:
EIN: 88-0502320
Name: Carson Tahoe Regional Healthcare

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly 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 from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **11** Name and address	Type of Facility (Describe)
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER
SUNRIDGE MEDICAL CENTER 973 MICA DRIVE CARSON CITY, NV 89705	OP SURGICAL CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHERN NEVADA DEVELOPMENT AUTHORITY704 W NYE LN 201 CARSON CITY,NV 89703	88-0184446	501(C)(6)	10,000				COMMUNITY DEVELOPMENT
(2) WESTERN NEVADA COLLEGE2201 WEST COLLEGE PARKWAY CARSON CITY,NV 89703	88-0283783	501(C)(3)	40,000				NURSING EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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) Amount of cash grant	(d) Amount 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 USE OF FUNDS	PART I, LINE 2	GRANTS ARE DISCUSSED BY A GRANT COMMITTEE AND EVENLY DISTRIBUTED BETWEEN VARIOUS LOCAL COMMUNITIES RECIPIENTS MUST BE NOT-FOR-PROFIT ORGANIZATIONS BASED WITHIN THE COMMUNITIES WE SERVE, WITH NO POLITICAL OR RELIGIOUS AFFILIATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD EPPERSON	(i)	460,917	116,458	15,394	26,300	14,804	633,873	0
	(ii)	0	0	0	0	0	0	0
(2) ANN BECK	(i)	256,023	69,445	7,242	0	6,106	338,816	0
	(ii)	0	0	0	0	0	0	0
(3) RICHARD LAWLEY	(i)	214,076	63,249	270,590	25,031	8,794	581,740	0
	(ii)	0	0	0	0	0	0	0
(4) CATHERINE DINAUER	(i)	277,886	69,445	19,954	26,300	4,029	397,614	0
	(ii)	0	0	0	0	0	0	0
(5) ANTHONY FIELD MD	(i)	194,241	53,988	9,564	18,050	13,066	288,909	0
	(ii)	0	0	0	0	0	0	0
(6) BASIL CHYRSSOS MD	(i)	544,958	0	0	12,693	5,056	562,707	0
	(ii)	0	0	0	0	0	0	0
(7) CHRISTOPHER DIPAOLO MD	(i)	620,822	0	0	14,721	1,855	637,398	0
	(ii)	0	0	0	0	0	0	0
(8) DAVID M BAKER MD	(i)	544,958	0	0	12,693	5,056	562,707	0
	(ii)	0	0	0	0	0	0	0
(9) JOE CHAVEZ MD	(i)	540,958	0	0	12,693	9,056	562,707	0
	(ii)	0	0	0	0	0	0	0
(10) CARL F JUNEAU MD	(i)	572,073	0	0	14,000	4,084	590,157	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ADDITIONAL BENEFITS RECEIVED	PART I, LINE 1A	THE HOSPITAL PROVIDES A MEMBERSHIP AT A GOLF CLUB FOR THE PRESIDENT, ED EPPERSON, ALLOWING HIM FULL ACCESS TO ALL MEMBERSHIP BENEFITS AND PRIVILEGES HE ACCOUNTS FOR ALL NON-BUSINESS USE AND REIMBURSES THE HOSPITAL FOR THOSE EXPENSES
DESCRIPTION OF NON-FIXED PAYMENTS	PART I, LINE 7	THE PRESIDENT IS ELIGIBLE FOR AN ANNUAL BONUS THAT IS DETERMINED BY THE BOARD
DESRCIPTION OF SEVERANCE PAYMENT	PART I, LINE 4A	RICHARD LAWLEY $237,182 RICHARD LAWLEY RECEIVED ONE YEAR BASE SALARY LUMP SUM PAYMENT UPON AN INVOLUNTARY SEPARATION FROM SERVICE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF CARSON CITY NEVADA (SERIES 2003A)	88-6000189	145810BP1	12-03-2003	44,913,815	CONSTRUCTION OF REGIONAL MEDICAL		X		X		X
B	CITY OF CARSON CITY NEVADA (SERIES 2003B)	88-6000189	145810BQ9	12-03-2003	50,000,000	CONSTRUCTION OF REGIONAL MEDICAL		X		X		X
C	CITY OF CARSON CITY NEVADA (SERIES 2005)	88-6000189	145810BR7	10-27-2005	15,000,000	CONSTRUCTION OF REGIONAL MEDICAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	
2	Amount of bonds defeased	0	0	0	
3	Total proceeds of issue	44,913,815	50,000,000	15,000,000	
4	Gross proceeds in reserve funds	3,166,788	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	541,561	502,639	231,750	
8	Credit enhancement from proceeds	2,243,981	466,372	63,764	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	39,022,823	49,030,989	14,705,486	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2005	2005	2005	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X	X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DELSYE MILLS	SPOUSE OF CALEB MILLS	27,150	CTRH EMPLOYEE		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
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	X	18	129,735	PURCHASE PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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
PART I, LINE 20		THE AMOUNT ENTERED IN COLUMN B REPRESENTS THE NUMBER OF DONATIONS RECEIVED

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS FOR PROGRAM SERVICES	PART III, LINE 4A	CARSON TAHOE REGIONAL MEDICAL CENTER IS THE MAIN HUB OF CARSON TAHOE HEALTH LOCATED IN NORTH CARSON CITY, NEVADA, THE REGIONAL MEDICAL CENTER PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES FOR OVER 250,000 PEOPLE. THESE SERVICES ARE PROVIDED REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY. CARSON TAHOE'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVICE. THE REGIONAL MEDICAL CENTER PROVIDES CARE TO PERSONS, SOME OF WHOM ARE COVERED BY GOVERNMENTAL PROGRAMS INCLUDING MEDICARE AND MEDICAID, AS WELL AS MEDICALLY INDIGNENT PATIENTS UNABLE TO PAY. THE COMPENSATED VALUE OF PROVIDING CARE TO THESE PATIENTS APPROXIMATED $25 4 MILLION IN 2011. THE HOSPITAL ALSO SPONSORS HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY INCLUDING WELLNESS EDUCATION AND SUPPORT. THE HOSPITAL HAD 11,000 INPATIENT ADMISSIONS, 45,000 INPATIENT DAYS, AND 156,000 OUTPATIENT REGISTRATIONS IN 2011. CARSON TAHOE HEALTH CONSISTS OF AN ACUTE CARE REGIONAL MEDICAL CENTER WITH 144 LICENSED BEDS, INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES WITH A TOTAL OF 40 LICENSED BEDS, A FREE-STANDING LICENSED EMERGENT CARE CENTER, 2 URGENT CARES, OUTPATIENT SURGERY CENTER, ACCREDITED CANCER CENTER, PHYSICIAN CLINICS, RETAIL CLINICS, IMAGING CENTERS, PAIN MANAGEMENT CENTER, THERAPY, REHABILITATION AND SEVERAL MEDICAL OFFICE BUILDINGS

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	PART VI, SECTION A, LINES 6, 7A & 7B	THE SOLE MEMBER OF THE ORGANIZATION IS CARSON-TAHOE HEALTH SYSTEM, A TAX EXEMPT ORGANIZATION THE MEMBER ELECTS THE MEMBERS OF THE GOVERNING BODY CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBER, INCLUDING ANY AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP OR THE MERGER, DISSOLUTION OR CONSOLIDATION OF THE ORGANIZATION, ANY MORTGAGE, SALE, LEASE, EXCHANGE OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION, ANY CHANGE IN LONG-TERM DEBT ARRANGEMENTS OF THE ORGANIZATION OR ANY OF ITS SUBSIDIARIES OR AFFILIATED ORGANIZATIONS, THE STRATEGIC PLAN OF THE ORGANIZATION, THE ESTABLISHMENT OR CHANGE OF THE PHILOSOPHY ACCORDING TO WHICH THE ORGANIZATION OPERATES, APPROVAL OF THE CONTRACT OF EMPLOYMENT OF THE CEO OF THE ORGANIZATION, AND THE DETERMINATION OF THE AMOUNT OF ANY COMPENSATION FOR MEMBERS OF THE BOARD

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11B	THE ORGANIZATION ENGAGES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND REVIEW THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND THE ACCOUNTING PERSONNEL WITH THE INDEPENDENT ACCOUNTING FIRM THROUGH THE REVIEW PROCESS, ANY CLARIFICATIONS OR CORRECTIONS THAT NEED TO BE MADE ARE MADE. THE FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD WITH THE INDEPENDENT ACCOUNTING FIRM ANY QUESTIONS OR CONCERNS THE FINANCE COMMITTEE RAISES ARE ADDRESSED AND ANY CORRECTIONS FOR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE FORM 990

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF TRUSTEES), THE CEO OR HIS DESIGNEE SHALL PROVIDE TO THE BOARD AND ALL EXECUTIVE OFFICERS, STAFF, AND VOLUNTEERS, A COPY OF THE CONFLICT OF INTEREST POLICY AND THE APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WHEREIN IT IS BELIEVED A CONFLICT MAY ARISE. SUCH ANNUAL MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE BOARD CONCERNING ANY INTEREST DISCLOSED. EACH MEMBER OF THE BOARD OF TRUSTEES AND ALL EXECUTIVE MANAGEMENT SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OF DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL, OR BUSINESS WHICH MAY EXIST OR APPEAR TO EXIST TO CARSON TAHOE REGIONAL HEALTHCARE OR ANY SYSTEM ENTITY ON ANY MATTER OF BUSINESS WHICH MAY COME BEFORE THE BOARD (INCLUDING ITS COMMITTEES)

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATON	PART VI, SECTION B, LINE 15A	BASE SALARIES FOR OFFICERS AND KEY EMPLOYEES WILL BE POSITIONED SO THAT MIDPOINTS TARGET THE 50TH PERCENTILE. EXECUTIVE SALARIES WILL BE ADMINISTERED WITHIN RANGES BUILT AROUND THE 50TH PERCENTILE AND BASED ON PERFORMANCE, EXPERIENCE, TENURE, AND OTHER RELEVANT FACTORS AS EVALUATED BY CEO. INCENTIVE WILL BE POSITIONED TO PROVIDE TOTAL CASH COMPENSATION AT THE 50TH PERCENTILE FOR ON-PLAN PERFORMANCE. ACHIEVING MAXIMUM INCENTIVES MAY RAISE TOTAL COMPENSATION TO APPROXIMATELY THE 65TH PERCENTILE. BENEFITS WILL BE POSITIONED AT MARKET COMPETITIVE LEVELS. THE EXECUTIVE COMPENSATION COMMITTEE WILL DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE CEO BASED ON MARKET SURVEYS POSITIONED SO THAT MIDPOINT WILL TARGET THE 50TH PERCENTILE. INCENTIVE WILL BE POSITIONED TO PROVIDE TOTAL CASH COMPENSATION AT THE 50TH PERCENTILE FOR ON-PLAN PERFORMANCE. ACHIEVING MAXIMUM INCENTIVES MAY RAISE TOTAL COMPENSATION TO APPROXIMATELY THE 65TH PERCENTILE. BENEFITS WILL BE POSITIONED AT MARKET COMPETITIVE LEVELS. THE LAST REVIEW WAS CONDUCTED BY THE HAY GROUP IN 2010. A WRITTEN OPINION FROM THE HAY GROUP WAS RECEIVED STATING THAT THE EXECUTIVE COMPENSATION PACKAGES DO NOT CONSTITUTE EXCESS BENEFIT TRANSACTIONS

Identifier	Return Reference	Explanation
PROCESS FOR MAKING GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	PART VI, SECTION C, LINE 19	CARSON TAHOE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
PROCESS OF EVALUATING PARTICIPATION IN JOINT VENTURE ARRANGEMENTS	PART VI, SECTION C, LINE 16A/B	THE ORGANIZATION IS CURRENTLY DEVELOPING A WRITTEN POLICY WITH ACCOMPANYING PROCEDURES TO ENSURE THAT ALL JOINT VENTURES AND SIMILAR ARRANGEMENTS WITH TAXABLE ENTITIES ARE EVALUATED AND MONITORED TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCES	PART XI, LINE 5	CARSON TAHOE CARDIOLOGY CAPITAL CONTRIBUTION 3,922,680 UNREALIZED GAIN 71,577 CHANGE IN FAIR VALUE OF SWAP (3,848,072) ROUNDING 1 ---------- OTHER CHANGE IN FUND BALANCE 146,186

Identifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	PART VI, LINE 2	ED EPPERSON, ANDREA WEED, PETER LIVERMORE, DON HATAWAY, JAMES GIBSON, AND JO SAULISBERRY ALL HAVE A BUSINESS RELATIONSHIP DUE TO ALSO SERVING AS OFFICERS OR BOARD MEMBERS OF A RELATED FOR-PROFIT ENTITY, CARSON TAHOE PHYSICIAN CLINICS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
Carson Tahoe Regional Healthcare

Employer identification number
88-0502320

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CARSON TAHOE CARDIOLOGY LLC 2874 N CARSON ST SUITE 120 CARSON CITY, NV 89706 27-3686996	CARDIOLOGISTS	NV	4,133,168	1,841,062	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one 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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CTRH FOUNDATION 1600 MEDICAL PARKWAY CARSON CITY, NV 89703 88-0387923	FUNDRAISING	NV	501(C)(3)	11-III-FI	NA		No
(2) CTRH AUXILIARY 1600 MEDICAL PARKWAY CARSON CITY, NV 89703 88-6007118	SUPPORT	NV	501(C)(3)	11-III-O	NA		No
(3) CARSON-TAHOE HEALTH SYSTEM 1600 MEDICAL PARKWAY CARSON CITY, NV 89703 88-0502318	PARENT CORP	NV	501(C)(3)	11-II	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Carson Surgical Hospital Building 1600 Medical Parkway Carson City, NV 89703 74-3128812	BUILDING OWNER	NV	NA	INVESTMENT	789,481	7,427,197		No	0		No	70 000 %
(2) NORTHERN NEVADA URGENT CARE LLP 212 WEST ANN STREET CARSON CITY, NV 89703 88-0489509	URGENT CARE	NV	NA	RELATED	-62,617	0		No	0		No	85 000 %
(3) SIERRA SURGERY HOSPITAL LLC 1400 MEDICAL PARKWAY CARSON CITY, NV 89703 38-3667923	SURGICAL HOSPITAL	NV	NA	RELATED	-1,032,743	8,879,866		No	0		No	70 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CARSON TAHOE PHYSICIAN CLINICS 2874 N CARSON STREET SUITE 200 CARSON CITY, NV 89706 02-0566741	PHYSICIAN PRACTIC	NV	NA	C CORP	7,682,957	1,729,755	100 000 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CARSON TAHOE PHYSICIAN CLINICS	B	2,900,000	CASH TRANSFER
(2) NORTHERN NEVADA URGENT CARE	G	1,504,000	OUTSIDE VALUATI
(3) CARSON SURGICAL HOSPITAL BUILDING	I	134,209	LEASE AGREEMENT
(4) CARSON TAHOE PHYSICIAN CLINICS	A	162,438	MARKET LEASE RT
(5) SIERRA SURGICAL HOSPITAL	K	451,241	CONTRACT RATE
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Carson Tahoe Regional Healthcare

Accountants' Report and Consolidated Financial Statements

December 31, 2011 and 2010

Carson Tahoe Regional Healthcare

December 31, 2011 and 2010

Contents

BKD LLP
CPAs & Advisors

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211 N Broadway, Suite 600
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Independent Accountants' Report

Board of Trustees
Carson Tahoe Regional Healthcare
Carson City, Nevada

We have audited the accompanying consolidated balance sheets of Carson Tahoe Regional Healthcare (the "Hospital") as of December 31, 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 the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Carson Tahoe Regional Healthcare as of December 31, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1, in 2011, the Hospital changed its method of presentation and disclosure of patient service revenue, provision for uncollectible accounts and the allowance for doubtful accounts in accordance with Accounting Standards Update 2011-07.

BKD, LLP

April 20, 2012

experience BKD

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Carson Tahoe Regional Healthcare

Consolidated Balance Sheets

December 31, 2011 and 2010

Assets

	2011	2010
Current Assets		
Cash and cash equivalents	$ 8,269,942	$ 10,326,721
Short-term investments	35,347,974	34,044,911
Assets limited as to use - current	4,351,748	4,259,454
Patient accounts receivable, net of allowance; 2011 - $21,132,000, 2010 - $19,831,000	33,525,544	30,851,322
Supplies	4,697,738	4,250,669
Prepaid expenses and other	8,902,189	5,748,384
Total current assets	95,095,135	89,481,461
Assets Limited As To Use		
Internally designated for bond compliance	47,403,309	45,129,492
Held by trustee under bond indenture	6,709,049	6,712,945
	54,112,358	51,842,437
Less amount required to meet current obligations	4,351,748	4,259,454
	49,760,610	47,582,983
Investments In and Advances To Equity Investees	1,755,273	1,750,960
Property and Equipment, Net	184,739,962	186,745,361
Other Assets	13,223,877	12,035,944
Total assets	$ 344,574,857	$ 337,596,709

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2011	2010
Current Liabilities		
Current maturities of long-term debt	$ 3,647,241	$ 4,577,660
Accounts payable	7,555,324	10,092,098
Accrued compensation and payroll taxes	7,246,330	7,639,745
Accrued expenses	8,122,662	5,942,479
Accrued interest	1,211,748	1,249,454
Estimated amounts due Medicare	2,110,000	4,130,000
Total current liabilities	29,893,305	33,631,436
Long-term Debt	117,543,101	119,511,569
Estimated Medical Malpractice Claims	310,000	-
Interest Rate Swap Agreement	9,134,826	5,286,754
Total liabilities	156,881,232	158,429,759
Unrestricted Net Assets		
Hospital	182,134,645	173,630,887
Noncontrolling interests in subsidiaries	5,558,980	5,536,063
Total unrestricted net assets	187,693,625	179,166,950
Total liabilities and net assets	$ 344,574,857	$ 337,596,709

Carson Tahoe Regional Healthcare

Consolidated Statements of Operations

Years Ended December 31, 2011 and 2010

	2011	(As Restated) 2010
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual discounts and allowances)	$ 264,771,588	$ 237,211,853
Provision for uncollectible accounts	(22,538,279)	(20,741,580)
Net patient service revenue less provision for uncollectible accounts	242,233,309	216,470,273
Other	3,648,061	3,071,281
Total unrestricted revenues, gains and other support	245,881,370	219,541,554
Expenses		
Salaries and wages	95,741,682	76,728,831
Employee benefits	20,907,987	16,797,024
Professional fees	15,921,935	16,377,443
Other purchased services	13,607,124	11,173,199
Supplies	43,881,633	40,154,976
Other	26,780,498	23,085,369
Depreciation	14,368,892	10,468,309
Interest	6,156,601	6,453,400
Total expenses	237,366,352	201,238,551
Operating Income	8,515,018	18,303,003
Other Income (Expense)		
Contributions	64,640	49,700
Investment return	3,461,088	4,773,247
Gain (loss) on investment in equity investee	581,762	(257,099)
Change in fair value of interest rate swap agreement	(3,848,072)	(1,293,010)
Total other income	259,418	3,272,838
Excess of Revenues Over Expenses	8,774,436	21,575,841
Contributions for acquisition of property and equipment	129,735	3,826,136
Investment return - change in unrealized gains and losses	71,577	(922,093)
Increase in Unrestricted Net Assets	8,975,748	24,479,884
Less Net Income Attributable to the Noncontrolling Interest	(471,990)	(1,641,691)
Increase in Unrestricted Net Assets Attributable to Hospital	$ 8,503,758	$ 22,838,193

Carson Tahoe Regional Healthcare

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2011 and 2010

	Hospital Interest	Noncontrolling Interest	Total
Balance, January 1, 2010	$ 150,792,694	$ 3,896,175	$ 154,688,869
Excess of revenues over expenses (from continuing operations)	19,934,150	1,641,691	21,575,841
Investment return-change in unrealized losses	(922,093)	-	(922,093)
Contributions for acquisition of property and equipment	3,826,136	-	3,826,136
Distributions	-	(45,900)	(45,900)
Contributions	-	44,097	44,097
Change in net assets	22,838,193	1,639,888	24,478,081
Balance, December 31, 2010	173,630,887	5,536,063	179,166,950
Excess of revenues over expenses (from continuing operations)	8,302,446	471,990	8,774,436
Investment return-change in unrealized gains	71,577	-	71,577
Contributions for acquisition of property and equipment	129,735	-	129,735
Distributions	-	(449,073)	(449,073)
Change in net assets	8,503,758	22,917	8,526,675
Balance, December 31, 2011	$ 182,134,645	$ 5,558,980	$ 187,693,625

Carson Tahoe Regional Healthcare

Consolidated Statements of Cash Flows

Years Ended December 31, 2011 and 2010

	2011	2010
Operating Activities		
Change in net assets before attribution on noncontrolling interest	$ 8,975,748	$ 24,479,884
Change in net assets attributable to noncontrolling interest	(471,990)	(1,641,691)
Change in net assets attributable to Hospital	8,503,758	22,838,193
Items not requiring (providing) cash		
Depreciation and amortization	14,196,450	10,299,285
(Gain) loss on investment in equity investee	(581,762)	257,099
Loss on disposal of property and equipment	3,322,657	2,984,104
Net unrealized (gain) losses on investments	(71,577)	922,093
Change in fair value of interest rate swap agreement	3,848,072	1,293,010
Contribution of long-lived assets	(129,735)	(3,826,136)
Changes in		
Patient accounts receivable, net	(2,674,222)	(3,907,217)
Estimated Medicare settlements	(2,020,000)	2,155,002
Supplies	(447,069)	(163,033)
Accounts payable and accrued expenses	(4,934,375)	(1,216,186)
Prepaid expenses and other	(4,758,753)	(6,751,671)
Change in noncontrolling interest	22,917	1,639,888
Net cash provided by operating activities	14,276,361	26,524,431
Investing Activities		
(Increase) decrease in short-term investments	(1,303,063)	2,742,826
(Increase) decrease in assets limited as to use	(2,198,344)	1,360,693
Investment in and advances to equity investees	157,449	(745,082)
Distributions from equity investees	420,000	540,000
Purchase of property and equipment	(8,804,214)	(23,867,127)
Net cash used in investing activities	(11,728,172)	(19,968,690)
Financing Activity		
Principal payments on long-term debt	(4,604,968)	(4,453,968)
Net cash used in financing activity	(4,604,968)	(4,453,968)
(Increase) Decrease in Cash and Cash Equivalents	(2,056,779)	2,101,773
Cash and Cash Equivalents, Beginning of Year	10,326,721	8,224,948
Cash and Cash Equivalents, End of Year	$ 8,269,942	$ 10,326,721
Supplemental Cash Flows Information		
Interest paid	$ 6,194,307	$ 6,289,262
Property and equipment acquired through noncash contributions	$ 129,735	$ 3,826,136
Property and equipment purchases included in accounts payable	$ 2,081,716	$ 1,548,725
Capital lease obligations incurred for equipment	$ 1,686,381	$ 918,928

See Notes to Consolidated Financial Statements

Carson Tahoe Regional Healthcare

Notes to Consolidated Financial Statements

December 31, 2011 and 2010

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Carson Tahoe Regional Healthcare (the "Hospital") primarily earns revenues by providing inpatient, outpatient and emergency services to patients in Carson City, Nevada. The Hospital also provides behavioral health services and operates primary care clinics in the surrounding areas.

In 2002, Carson City (the "City") transferred substantially all of the assets, current liabilities and operations of its hospital to Carson Tahoe Regional Healthcare, a newly formed not-for-profit corporation. The Hospital used a portion of the proceeds of the 2002 hospital revenue bonds to pay the City an amount adequate to defease the City's existing long-term debt relating to its hospital operations.

Principles of Consolidation

The consolidated financial statements include the accounts of the Hospital and its majority-owned entities. The Hospital holds a 70% interest in Sierra Surgery Hospital, L.L.C., a 70% interest in Carson Surgical Hospital Building Development, LLC, a 100% interest in Carson Tahoe Physician Clinics, a 100% interest in Carson Tahoe Continuing Care Hospital, Inc. and a 100% interest in Carson Tahoe Cardiology, LLC. All significant intercompany accounts and transactions have been eliminated in consolidation.

Effective January 1, 2010, in accordance with FASB ASC Topic 810, *Noncontrolling Interests*, the Hospital adopted Statement of Financial Accounting Standards (FAS) No. 160, *Noncontrolling Interests in Consolidated Financial Statements,* an Amendment of ARB No. 51 (FAS 160) due to the requirements of FAS No. 164, *Not-for-Profit Entities: Mergers and Acquisitions*. Upon adoption, minority interest previously presented in the mezzanine section of the balance sheet has been retrospectively reclassified as noncontrolling interest within net assets. In addition, the consolidated change in net assets presented in the statements of operations and changes in net assets have been retrospectively revised to include the changes in net assets attributable to the noncontrolling interest. Beginning January 1, 2010, losses attributable to the noncontrolling interest will be allocated to the noncontrolling interest even if the carrying amount of the noncontrolling interest is reduced below zero. Any changes in ownership after January 1, 2010, that do not result in a loss of control will be prospectively accounted for as net asset transactions in accordance with FAS 160.

Change in Accounting Principle

In 2011, the Hospital changed its method of presentation and disclosure of patient service revenue, provision for uncollectible accounts and the allowance for doubtful accounts in accordance with Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The major changes associated with ASU 2011-07 are to reclassify the provision for uncollectible accounts related to patient service revenue to a deduction from patient service revenue and to provide enhanced disclosures around the Hospital's policies related to uncollectible accounts. The change had no effect on prior year change in net assets.

The following financial statement line items for fiscal years 2011 and 2010 were affected by the change in accounting principle:

	2011 Statement of Operations		
	As Computed Under Previous Guidance	As Computed Under ASU 2011-07	Effect of Change
Net patient service revenue	$ 264,771,588	$ 242,233,309	$ (22,538,279)
Total unrestricted revenues, gains and other support	$ 268,419,649	$ 245,881,370	$ (22,538,279)
Total expenses	$ 259,904,631	$ 237,366,352	$ (22,538,279)

	2010 Statement of Operations		
	As Previously Reported	As Restated	Effect of Change
Net patient service revenue	$ 237,211,853	$ 216,470,273	$ (20,741,580)
Total unrestricted revenues, gains and other support	$ 240,283,134	$ 219,541,554	$ (20,741,580)
Total expenses	$ 221,980,131	$ 201,238,551	$ (20,741,580)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Hospital considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At December 31, 2011 and 2010, cash equivalents consisted primarily of a sweep account secured by pledged commercial paper.

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to $250,000. At December 31, 2011, the Hospital's cash accounts did not exceeded federally insured limits.

Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

Investments and Investment Return

Investments in debt securities having a readily determinable fair value are carried at fair value. All other investments are valued at the lower of cost (or fair value at the time of donation, if acquired by contribution) or fair value. Investment return includes dividend and interest income; and realized and unrealized gains and losses on investments carried at fair value. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions. The investment in equity investees is reported on the equity method of accounting.

Assets Limited as to Use

Assets limited as to use include assets held by trustee restricted under indenture agreements and assets set aside by the board of trustees for future capital improvements over which the board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Hospital are included in current assets.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts for self-pay patients increased from 67% of self-pay accounts receivable at December 31, 2010, to 71% of self-pay accounts receivable at December 31, 2011. In addition, the Hospital's write-offs increased approximately $3,651,000 from approximately $23,486,000 for the year ended December 31, 2010, to approximately $27,137,000 for the year ended December 31, 2011.

Supplies

The Hospital's supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market.

Investment In and Advances to Equity Investee

The Hospital's investment in and advance to an equity investee includes a 39% limited partnership interest in Carson Tahoe Radiation Oncology Associates. The investment is accounted for using the equity method.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset. Estimated useful lives assigned to each asset are based on industry standards. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets.

Long-lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset

cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended December 31, 2011 and 2010.

Other Assets

Other assets consist of long-term receivables, deferred financing related to the incurrence of long-term debt, goodwill and other intangible assets.

At December 31, 2011 and 2010, there was approximately $2,910,000 and $3,135,000, respectively, in deferred financing costs outstanding. Deferred financing costs are being amortized over the life of the bonds using the bonds outstanding method.

At December 31, 2011 and 2010, there was approximately $8,740,000 and $8,010,000, respectively, in goodwill. Goodwill is tested annually for impairment. If the implied fair value of goodwill is lower than its carrying amount, goodwill impairment is indicated and goodwill is written down to its implied fair value. Subsequent increases in goodwill value are not recognized in the consolidated financial statements.

At December 31, 2011 and 2010, the net carrying basis of recognized intangible assets was approximately $1,345,000 and $1,300,000, respectively. The recognized intangible assets have estimated useful lives ranging from two to five years.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Employee Health Claims

Substantially all of the Hospital's employees are eligible to participate in the Hospital's health insurance plan. The Hospital is self-insured for health claims of participating employees and dependents up to limits provided for in an agreement with its insurance plan administrator. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors.

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Income Taxes

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

The Hospital files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Hospital is no longer subject to U.S. federal examinations by tax authorities for the years before 2008.

Excess of Revenues Over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments, the change in fair value of interest rate swaps that are considered effective, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets.

Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements to conform to the 2011 consolidated financial statement presentation. These reclassifications had no effect on the change in net assets.

Subsequent Events

Subsequent events have been evaluated through April 20, 2012, which is the date the consolidated financial statements were available to be issued.

Note 2: Uncompensated Care and Community Benefit

In support of its mission, the Hospital voluntarily provides care to patients at less than its established charges for patients that meet the Hospital's charity care criteria. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. Charges excluded from revenue under the Hospital's charity care policy were approximately $26,762,000 and $21,090,000 for 2011 and 2010, respectively.

In addition, the Hospital provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts which are less than established charges for the services provided to the recipients and many times the payments are less than the cost of rendering the services provided.

The Hospital's total cost of uncompensated care relating to these services and other services are as follows:

	2011	2010
Uncompensated cost of public aid programs, net	$ 9,782,000	$ 8,826,000
Charity care	6,682,000	5,266,000
Uncollectible accounts	3,893,000	3,635,000
Total costs of uncompensated care	$ 20,357,000	$ 17,727,000

The cost of charity care provided is determined by applying the ratio of allowable costs cost to gross charges as defined in the December 31, 2010, Medicare cost report to the gross uncompensated charges associated with providing care to charity patients. The uncompensated care cost of state Medicaid and other public aid programs is determined by computing the cost of providing that care less amounts paid by the programs.

In addition to the above cost of uncompensated care, the Hospital also commits significant time and resources to endeavors and critical services which meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable.

Note 3: Net Patient Service Revenue

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus,

the Hospital records a provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of income as a component of net patient service revenue.

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare. Inpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. Outpatient services are paid on a combination of predetermined package rates based on the services provided to patients and fee schedules. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor.

The Medicare program has designated the Hospital as a sole community hospital for Medicare reimbursement purposes. This designation increases the payments the Hospital receives for inpatient acute services provided to Medicare beneficiaries.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively determined rates. Annual cost reports are filed by the Hospital for determination of future rates and audited by the Medicaid fiscal intermediary.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the year ended December 31, 2011, was approximately:

Medicare	$101,140,000
Medicaid	2,872,000
Other third-party payers	135,810,000
Self-pay	24,950,000
Total	$264,772,000

Note 4: Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers for Carson Tahoe Regional Health Care and Sierra Surgical Hospital at December 31, 2011 and 2010, is:

	2011	2010
Medicare	22%	19%
Medicaid	3%	3%
Other third-party payers	57%	59%
Patients	18%	19%
	100%	100%

Note 5: Investments and Investment Return

Short-term investments include:

	2011	2010
Money market accounts	$ 1,078,343	$ 5,019,891
Mutual fund	2,674,189	-
U.S. government and federal agency	4,465,037	5,360,581
U.S. government-sponsored enterprises (GSEs)	8,769,225	6,189,428
Corporate notes		
Financial institutions	6,072,553	4,386,292
Foreign	1,123,017	326,816
Industrial	4,146,157	5,423,110
Asset-backed securities	3,441,526	3,326,719
Collateralized mortgage obligations	525,241	1,265,591
Commercial mortgages	2,909,410	2,599,967
Interest receivable	143,276	146,516
	$ 35,347,974	$ 34,044,911

Assets limited as to use include:

	2011	2010
Internally designated for bond compliance		
Money market accounts	$ 666,770	$ 1,267,696
U.S. government and federal agency	3,523,994	9,736,819
U.S. government-sponsored enterprises (GSEs)	453,732	3,661,535
Corporate notes		
Financial institutions	6,887,204	6,845,131
Foreign	2,874,086	1,737,614
Industrial	4,872,490	7,942,259
Asset-backed securities	23,691,496	8,939,793
Collateralized mortgage obligations	-	1,358,658
Commercial mortgages	4,147,533	3,371,246
Interest receivable	286,004	268,741
	$ 47,403,309	$ 45,129,492

	2011	2010
Held by trustee under indenture agreement		
Money market accounts	$ 2,201,923	$ 1,865,448
U.S. government and federal agency	2,222,975	2,284,996
U.S. government-sponsored enterprises (GSEs)	551,641	589,638
Corporate notes		
Financial institutions	1,073,804	1,074,666
Industrial	638,634	878,741
Interest receivable	20,072	19,456
	$ 6,709,049	$ 6,712,945

Total investment return is comprised of the following:

	2011	2010
Interest and dividend income	$ 2,570,621	$ 3,080,908
Net realized gains on sales of investments	890,467	1,692,339
Change in unrealized gains (losses)	71,577	(922,093)
	$ 3,532,665	$ 3,851,154

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows:

	2011	2010
Unrestricted net assets		
Other nonoperating income	$ 3,461,088	$ 4,773,247
Change in unrealized gains (losses)	71,577	(922,093)
	$ 3,532,665	$ 3,851,154

Note 6: Property and Equipment

Property and equipment, at cost, at December 31, 2011 and 2010, is as follows:

	2011	2010
Land	$ 20,922,838	$ 20,893,235
Land improvements	15,273,434	15,186,508
Leasehold improvements	-	135,000
Buildings	150,861,796	149,074,930
Equipment	80,868,343	72,926,928
Construction in process	-	19,000
	267,926,411	258,235,601
Less accumulated depreciation	83,186,449	71,490,240
	$184,739,962	$186,745,361

In 2011, the Hospital acquired significantly all of the assets for the following two entities for a total cost of $2,060,000, which was paid in cash:

- Carson Douglas Pain Care, Inc., a pain management practice.
- Northern Nevada Urgent Care, LP, an urgent care center, the Hospital previously had an 85% ownership interest.

Goodwill recognized in those transactions amounted to approximately $670,000, and is included with other assets.

Total property and equipment acquired in these transactions totaled approximately $1,661,000.

Note 7: Long-term Debt

Long-term debt at December 31, 2011 and 2010, consists of the following:

	2011	2010
Carson City, Nevada Hospital Revenue Bonds Series 2002 (A)	$ 20,760,000	$ 21,310,000
Carson City, Nevada Hospital Revenue Bonds Series 2003A (B)	40,110,000	41,145,000
Carson City, Nevada Hospital Revenue Bonds Series 2003B (C)	44,700,000	45,830,000
Carson City, Nevada Hospital Revenue Bonds Series 2005 (D)	13,650,000	13,945,000
Capital lease obligation, GE Commercial Finance (E)	2,175,935	1,707,025
Other	74,545	452,042
	121,470,480	124,389,067
Unamortized bond premium	208,815	232,112
Unamortized bond discount	(488,953)	(531,950)
	121,190,342	124,089,229
Less current maturities	3,647,241	4,577,660
	$ 117,543,101	$ 119,511,569

(A) Carson City, Nevada Hospital Revenue Bonds Series 2002 in the original amount of $45,185,000 dated March 1, 2002; interest at 5.75% to 6.00%; payable in annual installments through September 1, 2031; remaining outstanding bonds may be redeemed September 1, 2012, or on any date thereafter, redemption price is 101% and decreases to 100% on September 1, 2013.

The Hospital sold certain real estate in 2008 and, as required, defeased $18,760,000 of the outstanding 2002 Bonds' principal amount. The Hospital used proceeds from the sale plus the reduction in the debt service reserve fund to fund an escrow account sufficient to pay principal, interest and redemption premiums on the defeased Bonds. This advance refunding transaction resulted in an extinguishment of debt since the Hospital was legally released from its obligation on this portion of the 2002 Bonds at the time of the defeasance. The Hospital will retire $16,625,000 of the defeased bonds at their first call date, September 1, 2012, $475,000 at a scheduled maturity date of September 1, 2012, and $1,660,000 was retired from September 1, 2008 through 2011. Accordingly, 2002 Bonds, aggregating $17,100,000 at December 31, 2011, remain outstanding, but are excluded from the Hospital's balance sheet.

(B) Carson City, Nevada Hospital Revenue Bonds Series 2003A in the original amount of $45,000,000 dated December 3, 2003; interest at 3.7% to 5.5%; payable in annual installments beginning September 1, 2007 through September 1, 2033; remaining outstanding bonds may be redeemed September 1, 2013, or on any date thereafter, redemption price is 100%.

(C) Carson City, Nevada Hospital Revenue Bonds Series 2003B in the original amount of $50,000,000 dated December 3, 2003; bearing interest at a variable rate 0.06% and 0.29% at December 31, 2011 and 2010, respectively, which is adjusted weekly, based on The Securities Industry and Financial Markets Association Municipal Swap Index; convertible to fixed rate in whole or in part on any rate change date; payable in annual installments through September 1, 2033; remaining outstanding bonds may be redeemed on any date while the bonds are under variable interest; remaining bonds outstanding at the date of conversion to a fixed interest rate may be redeemed on any date after a no-call period which is based on the remaining term until maturity of the bond, redemption price varies from 101% to 100% depending on various factors.

(D) Carson City, Nevada Hospital Revenue Bonds Series 2005 in the original amount of $15,000,000 dated October 27, 2005; bearing interest at a variable rate 0.06% and 0.29% at December 31, 2011 and 2010, respectively, which is adjusted weekly, based on The Securities Industry and Financial Markets Association Municipal Swap Index; convertible to fixed rate in whole or in part on any rate change date; payable in annual installments through September 1, 2035; remaining outstanding bonds may be redeemed on any date while the bonds are under variable interest; remaining bonds outstanding at the date of conversion to a fixed interest rate may be redeemed on any date after a no-call period which is based on the remaining term until maturity of the bond, redemption price varies from 101% to 100% depending on various factors.

The city of Carson City, Nevada issued the bonds on behalf of the Hospital. The proceeds of the bond issues were loaned to the Hospital under a master trust indenture dated March 1, 2002, as well as trust indentures and loan agreements dated March 1, 2002, for the Series 2002 bond issue, October 1, 2003, for both Series 2003 bond issues and October 1, 2005, for the Series 2005 bond issue.

The trust indenture and loan agreements require that certain funds be established with the Trustee. Accordingly, these funds are included as assets limited as to use in the balance sheets. The trust indentures also require the Hospital to comply with certain restrictive covenants including maintaining an annual debt service coverage ratio of at least 1.15 to 1, and restrictions on incurrence of additional debt. The reimbursement agreement related to the letter of credit on the variable rate Series 2003B and Series 2005 Bonds includes additional restrictive covenants including a 1.35 to 1 debt service coverage ratio.

The bonds are secured by the net revenues of the Hospital, a mortgage on the Carson Tahoe Regional Medical Center land and buildings and the assets restricted under the bond indenture agreements. The bonds have not been guaranteed by the City.

The Carson City, Nevada Revenue Bonds Series 2003B and Series 2005 are variable rate demand bonds. The Hospital has an irrevocable letter of credit from a financial institution to allow for a situation where the remarketing agent is unable to remarket the bonds and the bonds are put back to the issuer. The letter of credit expires September 30, 2012. If the letter of credit is drawn upon and not immediately reimbursed by the Hospital, the reimbursement agreement specifies that the amount of the advance would initiate a term loan between the letter of credit provider and the Hospital. The Hospital would re-pay the term loan in eight equal quarterly installments commencing on the first business day of the

month that is at least 367 days following the date of the advance with interest at the prime rate plus 1.00% for the first 367 days and the prime rate plus 2.00% thereafter. This arrangement requires approximately one-half of the variable rate demand bonds be considered due in 2012 and the remainder payable in 2013. At December 31, 2011, none of the bonds had been put back to the issuer and the letter of credit had not been drawn upon.

The Hospital entered into an interest rate swap agreement related to the Carson City, Nevada Revenue Bonds Series 2003B variable rate demand bonds, as described in Note 8.

(E) At varying rates of imputed interest from 2.64% to 8.94%, payable monthly through 2016; collateralized by equipment. Equipment at December 31, 2011, includes the following assets under capital leases:

	2011	2010
Equipment	$ 3,591,145	$ 8,589,703
Less accumulated depreciation	1,401,498	6,567,285
	$ 2,189,647	$ 2,022,418

The fair value of the Hospital's long-term debt is estimated using discounted cash flow analysis, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements. The estimated fair value of aggregate long-term debt at December 31, 2011, is $120,905,000.

Maturities of long-term debt at December 31, 2011, that included both the scheduled contractual maturities of the variable rate demand bonds and payments that could be required under the term loan provisions of the letter of credit reimbursement agreement as described above are as follows:

	Scheduled Maturities	Maturities Including Letter of Credit Term Loan
2012	$ 3,647,241	$ 3,647,241
2013	3,616,917	30,504,417
2014	3,782,757	30,600,257
2015	3,876,511	2,191,511
2016	3,975,740	2,215,740
Thereafter	102,571,314	52,311,314
	$ 121,470,480	$ 121,470,480

Note 8: Derivative Financial Instrument

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Hospital entered into an interest rate swap agreement (the "Agreement") on its Carson City, Nevada Hospital Revenue Bonds Series 2003B variable rate debt. The Agreement provides for the Hospital to receive interest from the counterparty at 67% of one-month LIBOR and to pay interest to the counterparty at a fixed rate of 3.558% on the notional amount of $44,700,000 and $45,830,000 as of December 31, 2011 and 2010, respectively. Under the Agreement, the Hospital pays or receives the net interest amount monthly, with the monthly settlement included in interest expense.

Management designated the Agreement as a cash flow hedging instrument, and determined that the Agreement was highly effective under the provisions of Financial Accounting Standards Board's Accounting Standards Codification Topic 815, *Derivative and Hedging*, as of December 31, 2007, but due to turmoil in the derivative and bond markets it became ineffective during 2008. The Agreement is recorded at its fair value.

The table below presents certain information regarding the Hospital's Agreement as of December 31, 2011 and 2010.

	2011	2010
Fair value of interest rate swap agreement	$ 9,134,826	$ 5,286,754
Balance sheet location of fair value amount	Long-term liabilities	Long-term liabilities
Loss recognized in excess of revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	$ (3,848,072)	$ (1,293,010)
Location of gain (loss) recognized in excess of revenues over expenses (ineffective portion and amount excluded from effectiveness testing)	Other income (expense)	Other income (expense)

Note 9: Medical Malpractice Claims

The Hospital purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Hospital also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

In 2011, the Hospital adopted the provisions of ASU 2010-24, Health Care Entities (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, which eliminates the practice of netting claim liabilities with expected insurance recoveries for balance sheet presentation. Claim liabilities are to be determined without consideration of insurance recoveries. Expected recoveries are presented separately. Prior to the adoption of ASU 2010-24, accounting principles generally accepted in the United States of America required a health care provider to accrue only an estimate of the malpractice claims costs for both reported claims and claims incurred but not reported where the risk of loss had not been transferred to a financially viable insurer. There was no material impact of the ASU adoption to the Hospital's consolidated financial statements.

Based upon the Hospital's claims experience, an accrual had been made for the Hospital's portion of medical malpractice costs related to its deductible under its malpractice insurance policy, amounting to approximately $726,000 ($416,000 as a current liability in accrued expenses and $310,000 as a long-term liability in estimated medical malpractice claims) as of December 31, 2011. It is reasonably possible that this estimate could change materially in the near term.

Note 10: Operating Leases

The Hospital has noncancellable operating leases for real estate and for equipment expiring through 2025. Future minimum lease payments at December 31, 2011, were:

2012	$ 3,094,686
2013	3,237,335
2014	3,466,909
2015	3,327,462
2016	3,112,621
Thereafter	5,105,307
	$ 21,344,320

Rent expense for all operating leases aggregated approximately $3,580,000 and $6,289,000 for the years ended December 31, 2011 and 2010, respectively.

Note 11: Pension Plan

The Hospital has a voluntary defined-contribution pension plan covering substantially all employees. The Hospital matches 100% of employee contributions up to 3% of covered compensation plus 50% of employee contributions between 3% and 5% of covered compensation. Pension expense was $1,653,000 and $1,539,000 for 2011 and 2010, respectively.

The Sierra Surgery Hospital, L.L.C. has a 401(k) plan covering substantially all employees. Sierra Surgery Hospital, L.L.C., at its discretion, can make matching contributions of employee deferrals. Contributions to the plan were $140,816 and $237,486 for 2011 and 2010, respectively.

Note 12: Disclosures About Fair Value of Assets and Liabilities

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds and a mutual fund. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include U.S. government bonds, corporate debt obligations and asset backed investments. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. There were no Level 3 investments as of December 31, 2011 or 2010.

Interest Rate Swap Agreement

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2011 and 2010:

	2011			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market	$ 3,947,036	$ 3,947,036	$ -	$ -
Mutual fund	$ 2,674,189	$ 2,674,189	$ -	$ -
U.S. government and federal agency	$ 10,212,006	$ -	$ 10,212,006	$ -
U.S. government-sponsored enterprises (GSEs)	$ 9,774,598	$ -	$ 9,774,598	$ -
Corporate bonds				
Financial institutions	$ 14,033,561	$ -	$ 14,033,561	$ -
Foreign	$ 3,997,103		$ 3,997,103	
Industrial	$ 9,657,281	$ -	$ 9,657,281	$ -
Asset-backed securities	#REF!	$ -	#REF!	$ -
Collateralized mortgage obligations	$ 525,241	$ -	$ 525,241	$ -
Commercial mortgage	$ 7,056,943	$ -	$ 7,056,943	$ -
Interest rate swap	$ (9,134,826)	$ -	$ (9,134,826)	$ -

	2010			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market	$ 8,153,035	$ 8,153,035	$ -	$ -
U.S. government and federal agency	$ 17,382,396	$ -	$ 17,382,396	$ -
U.S. government-sponsored enterprises (GSEs)	$ 10,440,601	$ -	$ 10,440,601	$ -
Corporate bonds				
Financial institutions	$ 12,306,089	$ -	$ 12,306,089	$ -
Foreign	$ 2,064,430	$ -	$ 2,064,430	$ -
Industrial	$ 14,244,110	$ -	$ 14,244,110	$ -
Asset-backed securities	#REF!	$ -	#REF!	$ -
Collateralized mortgage obligations	$ 2,624,249	$ -	$ 2,624,249	$ -
Commercial mortgage	$ 5,971,213	$ -	$ 5,971,213	$ -
Interest rate swap	$ (5,286,754)	$ -	$ (5,286,754)	$ -

Fair Value of Other Financial Instruments

The carrying values of the Hospital's other financial instruments approximate their fair values, except for long-term debt which is described in Note 7.

Note 13: Functional Expenses

The Hospital provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2011	2010
Health care services	$ 182,098,410	$ 152,090,405
General and administrative	55,267,942	49,148,146
	$ 237,366,352	$ 201,238,551

Note 14: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerability due to certain concentrations. Those matters include the following:

Allowances for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 3.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 9.

Deposits and Investments

Substantially all of the Hospital's deposits and investments are held at two financial institutions.

Labor Agreement

Approximately 90% of the Hospital's employees are covered by a collective bargaining agreement. The agreement expires in June 2013.

Litigation

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by insurance. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Additional Data

Software ID:
Software Version:
EIN: 88-0502320
Name: Carson Tahoe Regional Healthcare

Form 990, Special Condition Description:

Special Condition Description